



## 2016 Registration Form

Child's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Numbers:

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail: \_\_\_\_\_

Age Information: Birth date (for preschoolers) or last grade completed in school \_\_\_\_\_

Medical Information: Medical or other information we need to know. (Please include any food allergies.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact:

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Dismissal Information: Who may pick up your child at the end of each VBS day?

\_\_\_\_\_

Other Information: Do you attend church regularly? If so where?

\_\_\_\_\_

If you are visiting our church, who are you a guest of?

\_\_\_\_\_

May we have permission to photograph your child? Yes No

May we have permission to use your child's photograph in church publications for the purpose of promotion? Yes No