REGISTRATION FORM

Child's Name _____ **Parent/Guardian Name** _____

Address

_____

(street address, city, state, and zip code)

Mailing Address *(if different)* _____

Phone Numbers

Home _____ Work _____ Cell _____

Email _____

Age Information

Birth date _____ Last grade completed in school _____

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

Emergency Contacts (other than listed above)
Names & Phone numbers

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

Other Information
Does your child attend Sunday School? If so where?

If your child is visiting our church, who is he a guest of?

May we have permission to photograph your child? ☐ Yes ☐ No

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

ADULT REGISTRATION FORM

Name

Address *(street address, city, state, and zip code)*

Mailing Address *(if different)*

Phone Numbers

Home _____ Work _____ Cell _____

Email _____

Other Information

Do you attend Sunday School? If so where?

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

May we have permission to photograph you? ☐ Yes ☐ No

May we have permission to use your photograph for the purpose of promotion? ☐ Yes ☐ No