



VBS 2021 CHILD 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: (PLEASE INCLUDE ANY ALLERGIES, WRITE N/A IF NONE)

***EMERGENCY CONTACT(S): (OTHER THAN LISTED ABOVE)**

NAME _____ PHONE NUMBER _____

NAME _____ PHONE NUMBER _____

DISMISSAL INFORMATION:

***WHO MAY PICK UP YOUR CHILD AT THE END OF EACH VBS DAY?**

OTHER INFORMATION:

DOES YOUR CHILD ATTEND CHURCH? YES _____ NO _____ IF SO, WHERE?

IF YOUR CHILD IS VISITING OUR CHURCH, WHO IS HE/SHE A GUEST OF?

MAY WE PHOTOGRAPH YOUR CHILD FOR PROMOTION OF OUR EVENT?

YES _____ NO _____

(IF FIELD CONTAINS AN "X" IT MUST BE FILLED OUT FOR YOUR CHILD TO ATTEND)