

Registration Form

1st Child's Name _____

Grade in school next year _____ Medical/other issues: _____

2nd Child's Name _____

Grade in school next year _____ Medical/other issues: _____

3rd Child's Name _____

Grade in school next year _____ Medical/other issues: _____

4th Child's Name _____

Grade in school next year _____ Medical/other issues: _____

Parent/Guardian Names

Address _____ Mailing Address (if different) _____

Parent/Guardian Phone Numbers _____

Emergency Contacts- Name _____ Phone #s _____

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Dismissal Information- Your child(ren) will only be dismissed to one of the people on this sheet.

Email Address: _____

Do you attend Sunday School? _____ If so where? _____

If you are visiting our church, who are you a guest of, or how else did you hear about VBS?

May we have permission to photograph your child(ren)? Yes No

May we use your child(ren)'s photograph on our Facebook page and/or website? Yes No

Parent/Guardian Signature _____

Release of Liability Form Signed Yes _____ No _____

Office Use:



***Is there a family you prefer
to have your children
grouped with?***