

2010
VBS Registration Form
(PLEASE PRINT)

Child's Name _____

Parent/Guardian Name _____

Address: _____
P.O. Box Street City Zip

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:
*List all names of who may pick up your child at the end of each VBS day?

Other Information:
Do you attend Sunday School? If so where?

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

*Children will not be released to anyone other than the above authorized names

Permission to Use Photos
Before your child's photo can be included in our family night program and/or included on our First Baptist Church web site we must have your permission.

Yes ___ No ___ You may use my child's photo in the family night program.

Yes ___ No ___ You may use my child's photo on the First Baptist Church web site.

Signature of Parent/Legal Guardian Date