

VBS 2009 Registration Form (Please Print)

Child's Name _____

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____

Preschooler Birth Date _____ Grade Schooler last grade completed _____

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

Emergency Contact:

Name _____ Phone # _____

Name _____ Phone # _____

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

Do you attend church or Sunday School? Yes No If yes, where? _____

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