

# Child Registration Form

Fill out completely to register your child with VBS

## Child Information:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Age: \_\_\_\_\_

Grade in Fall (insert date): \_\_\_\_\_

## Parent/Guardian Information:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone Number: (      ) \_\_\_\_\_

Member/Regular Attender of (Church Name)?     Yes     No

Other parent/guardian information: \_\_\_\_\_

## Parent/Guardian Information:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Phone Number: (      ) \_\_\_\_\_

Allergies/Other: \_\_\_\_\_

Epi-Pen?     Yes     No

Does your child have special needs/disabilities?     Yes     No

If your child has a disability, please provide any additional information that would be helpful for our staff:

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During the VBS program, photography and video may be taken for the sole purpose of creating on-line updates for parents and church staff, and to create promotional VBS material for future church events. No photography or video will be sold or used for commercial use, and will only be used as described here in this paragraph.

I agree to these terms:     Yes     No