

# REGISTRATION FORM

**Child's Name** \_\_\_\_\_ **Parent/Guardian Name** \_\_\_\_\_

**Address**

(street address, city, state, and zip code)

**Mailing Address (if different)** \_\_\_\_\_

**Contact Information**

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

**Age Information**

Birth date \_\_\_\_\_ Last grade completed in school \_\_\_\_\_

**Medical Information**

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

**Emergency Contacts (other than listed above)**

Names & Phone numbers

**Dismissal Information**

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

**Other Information**

Does your child attend church? If so, where?

If your child is visiting our church, who is he a guest of?

May we have permission to photograph your child?  Yes  No

May we have permission to use your child's photograph for the purpose of promotion?  Yes  No