



## VBS REGISTRATION FORM

Parent's Name: \_\_\_\_\_

Child(ren's) Name: \_\_\_\_\_

Child(ren's) Name: \_\_\_\_\_

Child(ren's) Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Child(ren's) Birthday: \_\_\_\_\_ Child(ren) Grade: \_\_\_\_\_

Allergies: \_\_\_\_\_

Child(ren's) Birthday: \_\_\_\_\_ Child(ren) Grade: \_\_\_\_\_

Allergies: \_\_\_\_\_

Child(ren's) Birthday: \_\_\_\_\_ Child(ren) Grade: \_\_\_\_\_

Allergies: \_\_\_\_\_

Emergency Contact (other than parent): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Do you give permission to use photographs on Facebook, our Newsletter and  
in church communications?  Yes  NO