



VBS 2015 REGISTRATION FORM

Child's name _____

Grade completed _____ Birthday _____ Age _____

Parents' names _____

Home address _____

Home phone _____ Alternate phone _____

Emergency contact person _____

Relationship to child _____

Home phone _____ Alternate phone _____

Food allergies Y___N__ (List:)

Medical concerns Y___N__

(Explain:)

Family doctor _____ Doctor's phone _____

Siblings attending VBS (names and ages)

Church affiliation _____

People who may pick up the child

Transportation needed? Y_____N_____

(We want to make sure your child receives all that the others will receive so if you absolutely know that there will be a day or days of absence please indicate that below)

Days that your child will not be in attendance 1 2 3 4 5 6

VBS leaders have permission to photograph/film the minor(s) designated above in any manner or form for any lawful purpose associated with this VBS program.

No

Yes

Parent's signature_____

Welcome to the Journey.....

