

CHILD 1 _____

CHILD 2 _____

VBS 2017 Registration

For kids who have completed K - 5th Grade

PARENTS: _____

ADDRESS: _____

Phone: _____

EMERGENCY CONTACT: NAME _____

PHONE: _____

I AM A GUEST OF _____ IN GRADE (CIRCLE ONE) K 1 2 3 4 5

1. CHILD'S NAME _____

DATE OF BIRTH _____ LAST GRADE COMPLETED (CIRCLE ONE) K 1 2 3 4 5

2. CHILD'S NAME _____

DATE OF BIRTH _____ LAST GRADE COMPLETED (CIRCLE ONE) K 1 2 3 4 5

PLEASE LIST WHO WILL BE SIGNING YOUR CHILD(REN) OUT:

1. _____

2. _____

3. _____

▪ CHILDREN WILL ONLY BE RELEASED TO A PARENT-APPROVED ADULT 18 YEARS OR OLDER.

DO YOU ATTEND CHURCH? YES NO IF YES, WHERE ? _____

AS PART OF NORMAL ACTIVITIES AT VBS, DO YOU GIVE PERMISSION FOR YOUR CHILD(REN) TO BE PHOTOGRAPHED OR VIDEOTAPED? YES NO

***FOR SEVERE FOOD ALLERGIES, PLEASE SEND AN APPROPRIATE SNACK EVERY DAY.
FOR SPECIAL INSTRUCTIONS, PLEASE FILL OUT A "SPECIAL INSTRUCTIONS" CARD.**