

# REGISTRATION FORM

Child's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

## Phone Numbers

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)

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_

## Dismissal Information

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

\_\_\_\_\_

## Other Information

Does your child attend Sunday School? If so where?

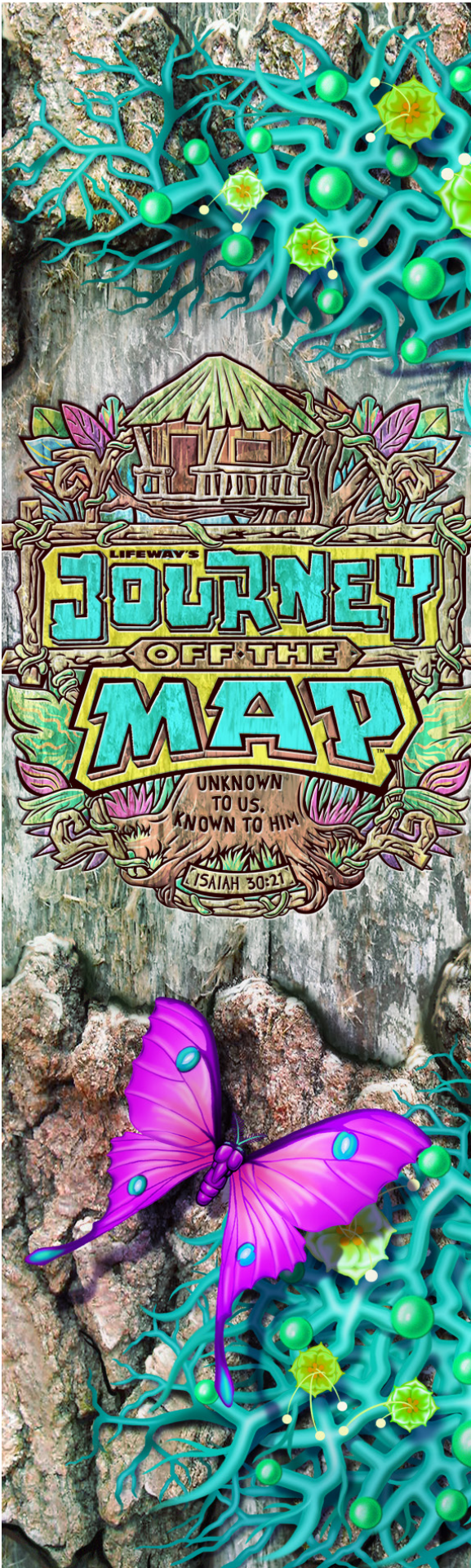
\_\_\_\_\_

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



# ADULT REGISTRATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

## Phone Numbers

Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_

## Other Information

Do you attend Sunday School? If so, where?

\_\_\_\_\_

Are you a church member? If so, where?

\_\_\_\_\_

If you are visiting our church, who are you a guest of?

\_\_\_\_\_

May we have permission to photograph you? Yes      No

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