

# 2011 VBS REGISTRATION FORM

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

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

Address \_\_\_\_\_

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

### Phone Numbers

Home \_\_\_\_\_

Parent Cell \_\_\_\_\_ Work: \_\_\_\_\_

Child Cell \_\_\_\_\_

Parent E-mail \_\_\_\_\_

### Child's Age Information

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

### Child's Medical Information

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Emergency Contacts

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

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

### Transportation

Will you be requesting Church Van Pick Up? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, call 256/534-8266 to verify & arrange pickup in your area.*

### Dismissal Information

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

\_\_\_\_\_

### Other Information

Do you attend Sunday School? Yes \_\_\_\_\_ NO \_\_\_\_\_ If so where?

\_\_\_\_\_

If you are visiting our church, who are you 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 \_\_\_\_\_

