



# VBS REGISTRATION

## AUGUST 3-7, 2009 6-8:45PM

PLEASE COMPLETE & TURN IN TO SCHOOL OR CHURCH OFFICE BY JULY 21, 2009

Child's name \_\_\_\_\_

Grade Completed \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_

Parents' names \_\_\_\_\_

Home Address \_\_\_\_\_

Home phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Emergency contact \_\_\_\_\_

Relationship to student \_\_\_\_\_ Phone \_\_\_\_\_

Food allergies Y  N  (List:)

Medical concerns Y  N  (Explain:)

Siblings attending VBS (names and ages)

Home Church \_\_\_\_\_

People who may pick up the child

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