



VBS 2023 REGISTRATION FORM

| Child's name | Last Grade | Age | Birthday | M/F |
|--------------|------------|-----|----------|-----|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

Name of parent(s)/guardian: _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home Church: _____

Permission to use child's image only (no names) on church social media (facebook, website...) YES NO

Primary phone number: (_____) _____

Secondary phone number: (_____) _____

Home email address: _____

Allergies/medical conditions: _____

Emergency contact (if primary contact cannot be reached):

Phone: _____ Relationship to child: _____