

VBS 2019 Registration Form

Child's name _____

Gender: M__ F__ Birthdate ____/____/____ Grade completed _____

Address _____ City _____ State ____ Zip _____

Food allergies Y__ N__ List _____

Medical concerns Y__ N__ Explain _____

Parent's/Guardian Name _____

Home phone _____ Email _____

Work phone _____ Cell phone _____

Church currently attending _____

Other than the parents/guardian listed above, please list the names of all people allowed to sign out

this child after VBS each night: _____

Mon Tue Wed Thu

☐ I give permission for photos to be taken for the nightly slideshow and social media.

