



VBS 2021 REGISTRATION FORM

Child's name	Last Grade	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: _____