

REGISTRATION FORM

Child's Name _____

Parent/Guardian Name _____

Address _____

(street address, city, state, and zip code)

Mailing Address *(if different)* _____

Phone Numbers

Home _____

Work _____

Cell _____

Email _____

Age Information

Birth date _____ Last grade completed in school _____

Medical Information

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

Emergency Contacts (other than listed above)

Name _____ Phone number _____

Name _____ Phone number _____

Dismissal Information

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

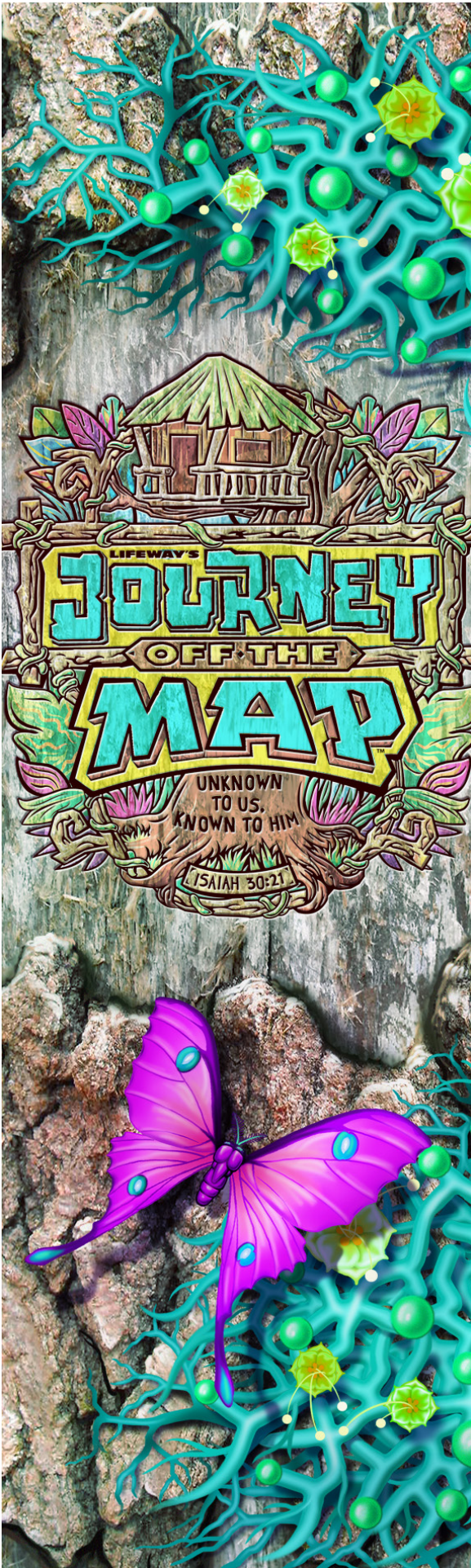
Other Information

Does your child attend Sunday School? If so where?

If your child is visiting our church, who is he 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



ADULT REGISTRATION FORM

Name _____

Address _____

(street address, city, state, and zip code)

Mailing Address *(if different)* _____

Phone Numbers

Home _____

Work _____

Cell _____

Email _____

Other Information

Do you attend Sunday School? If so, where?

Are you a church member? If so, where?

If you are visiting our church, who are you a guest of?

May we have permission to photograph you? Yes No

May we have permission to use your photograph for the purpose of promotion? Yes No