

CHILD REGISTRATION



**It all
comes
back to
Jesus**

Child's Name _____

Parent's/Guardian's Name _____

Address _____

Phone Numbers

Home _____ Work _____ Cell _____

Age Information

Birth date (for preschoolers) or **last grade** completed in school

Medical Information

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

Emergency Contacts

Name _____ Phone _____

Name _____ Phone _____

Dismissal Information

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

Other Information

Do you attend Sunday School? If so, where?

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

May we have permission to photograph your child? Yes No

May we have permission to use your child's photography in church publications for the purpose of promotion? Yes No