



# 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)

Names & Phone numbers

**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?

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