

# VACATION BIBLE SCHOOL – REGISTRATION FORM

First Baptist Church Weinert  
May 30, 2019 (9:00 am -2:00 pm)

AGE: \_\_\_\_\_ LAST GRADE FINISHED: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(street address, city, state and zip code)

MAILING ADDRESS (if different): \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

## PHONE NUMBERS:

HOME: \_\_\_\_\_

WORK: \_\_\_\_\_

CELL: \_\_\_\_\_

**MEDICAL INFORMATION: (please include any food allergies):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMERGENCY CONTACTS:

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**DISMISSAL INFORMATION: (who may pick up your child at the end of VBS?)**

\_\_\_\_\_

**MAY WE HAVE PERMISSION TO PHOTOGRAPH YOUR CHILD FOR THE PURPOSE OF PROMOTION? YES NO (FACEBOOK, WEBPAGE, SLIDESHOW...)**

**I GIVE MY PERMISSION FOR CHILD TO PARTICIPATE IN ALL ACTIVITIES OF VBS AND FELLOWSHIP. YES NO**

**DO YOU ATTEND CHURCH ANYWHERE? IF SO WHERE?** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_