

# Port Orford Christian Center

# VBS REGISTRATION FORM

Child's Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

## Address

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

Mailing Address (if different) \_\_\_\_\_

## Contact Information

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 church? 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