

REGISTRATION FORM

Student's name _____ Please Circle: Male / Female
Address _____ City _____ State _____ Zip _____
Home telephone (____) _____ E-mail address: _____
Date of birth ____/____/____ Age _____ Last school grade completed _____
Home church _____ City _____ State _____
Need transportation? _____ Parent/Guardian name _____
Home phone # (____) _____ Mom's cell # (____) _____
Dad's cell # (____) _____ Other Phone # (____) _____
Allergies/Medical conditions _____
Emergency contact _____
Phone # (____) _____ Relationship to child _____
Person other than parent authorized to pick up your child _____
Permission to upload a photograph or video of your child to social media _____ Yes _____ No
Parent / Guardian Signature _____ Date _____

Please list on the back any other information we need to know about your child.

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RECORD FORM

Circle days attended
S M T W Th F

Name _____ Phone _____
Address _____ City _____ State _____ Zip _____
Age _____ Last grade in school _____
Church Member? _____ What church? _____
Attends Sunday School where? _____
Father's Name _____ Attends Sunday School? _____
Mother's Name _____ Attends Sunday School? _____
Assigned to _____ Class _____
Teacher _____ Transportation Needed? _____

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