

REGISTRATION FORM

Cniid'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)
Name Phone number
Name Phone number
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 \(\square\) No \(\square\)
May we have permission to use your child's photograph for the purpose of