



2019 VBS REGISTRATION FORM

(1 form per family – any additional children(after 3 on front), please list on back)
 Completed forms may be placed in the registration box on round table in the
 Narthex, returned to the church office or given to Trudi Jennings.

(There is no registration fee; however, monetary donations toward the cost of supplies are always appreciated!)

Register by May 15 to guarantee a t-shirt that will be handed out for our final night celebration and to be entered to win one of the giant stuffed animals!

Child #1 Name: _____ <small>first & last name- if different from parent's last name</small> <u>(THIS IS THE NAME THAT WILL APPEAR ON CHILD'S NAME TAG!)</u> Grade Completed: _____ Age (as of 6/24/19): _____ <small>(ages 4 through 11)</small> T-shirt size: Youth S-M-L Adult S-M-L	Child #2 Name: _____ <small>first & last name- if different from parent's last name</small> <u>(THIS IS THE NAME THAT WILL APPEAR ON CHILD'S NAME TAG!)</u> Grade Completed: _____ Age (as of 6/24/19): _____ <small>(ages 4 through 11)</small> T-shirt size: Youth S-M-L Adult S-M-L	Child #3 Name _____ <small>first & last name- if different from parent's last name</small> <u>(THIS IS THE NAME THAT WILL APPEAR ON CHILD'S NAME TAG!)</u> Grade Completed: _____ Age (as of 6/24/19): _____ <small>(ages 4 through 11)</small> T-shirt size: Youth S-M-L Adult S-M-L
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Parent's Name(s): _____

Street Address: _____ City, State, Zip Code: _____

Phone Number where you can be reached during VBS (w/area code): _____

Home Phone (w/area code – if different from above): _____

Emergency Contact Person (other than parent): _____

Relationship to Child: _____

Phone Number where you can be reached during VBS (w/area code): _____

Food Allergies: *Yes No (please circle one)* If yes, describe & indicate which child: _____

Medical Concerns: *Yes No (please circle one)* If yes, & indicate which child and explain: _____

Church Membership At: _____

Individuals Permitted to Pick Up the Child: *(other than parents identified above)*

Name: _____

Name: _____

(NOTE: Children will be released only to the individuals specified on this form. VBS staff may request a photo id to verify identity of the person picking up the child.)

Will your child be attending all 5 nights of VBS? *Yes No (please circle dates not attending)*

If no, please circle which nights your child will be absent: *Mon Tues Wed Thurs Fri*

May your child be photographed / filmed by VBS staff for any lawful purpose associated with this VBS program?

Yes No (please circle one)

Parent Signature: _____

Any additional information that the VBS staff needs to be aware of (i.e. want to be in same Crew with a friend...)