



2024 VBS REGISTRATION FORM

(1 form per family – any additional children (after 3 on front), please list on back)

Completed forms may be placed at the VBS display in 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!)

Pre-Register by June 15 to receive a FREE VBS t-shirt
Registration will be open until July 8

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 7/1/2024): _____ <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 7/1/2024): _____ <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 7/1/2024): _____ <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): _____

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 4 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*

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...)