



Registration Form



Dates: _____ Church: _____ Confidential Form

Child's name: _____

Nickname/preferred name to be called: _____

Parent/Guardian name: _____

Address: _____

Home telephone: _____ Cell phone: _____

Home email address: _____

Child's age: _____ Date of birth: _____ Gender: M F

Last school grade completed: _____

Siblings: _____

Home faith community (if any): _____

In case of emergency (when the parent/guardian cannot be reached), please contact:

Name: _____

Telephone: _____

Relationship to child: _____

Please list any allergies/medical needs the VBS staff should be aware of:

Person responsible for picking up this child at the end of each VBS day:

Name: _____

Telephone number: _____

Tell us anything special you'd like us to know about your child (use back side if you'd like)

This will/will not be my child's first large-group experience other than Sunday school.

ONE friend my child would like to be with: _____

Special needs/circumstances: _____

Signature of parent/guardian: _____

Please indicate below if you would like to volunteer

Site Guide Assistant Registrar Other

Days available: _____

Emergency Card

Child's Name: _____

Child's Age: _____ Birthday: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Parent/Guardian: _____

Address: _____

Home Telephone: _____

Cell Phone: _____

Emergency contacts:

Name/Number/Relationship: _____

Name/Number/Relationship: _____

Allergies: _____

Medications: _____

Medical conditions: _____

Other _____

Physician: Name/Clinic/Phone _____

Dentist: Name/Clinic/Phone _____