2023 VBS Registration Form

Student's Nam	e			
Parent/Family/	Guardian Name)		
Address				
Email				
Phone numbers Home		Cell	Work	
Home church _				
Age information Date of birth			Age	
Last sch	ool grade comp	oleted		
Friends or relat	tives attending	VBS		
Special needs/	Allergies/Medic	cal Information/Oth	er	
Emergency Co Name	ntacts: 	Relationship	Phone	
Name	l	Relationship	Phone	
Dismissal Infori Name(s)		vho may pick up thi	s child from VBS	
Permission for	this child to be	videoed or photog	raphed to appear on soc	ial
media.	Yes	No		