

2021 VBS Registration Form

Student's Name _____

Parent/Family/Guardian Name _____

Address _____

Email _____

Phone numbers Home _____ Cell _____ Work _____

Home church _____

Age information Date of birth _____ Age _____

 Last school grade completed _____

Friends or relatives attending VBS _____

Special needs/Allergies/Medical Information/Other _____

Emergency Contacts:

 Name _____ Relationship _____ Phone _____

 Name _____ Relationship _____ Phone _____

Dismissal Information:

 Name(s) of person(s) who may pick up this child from VBS

Permission for this child to be videoed or photographed to appear on social

media. Yes _____ No _____