



For VBS Staff Use

Group: _____ Crew Leader's Name _____

VBS Registration Form 2024

(Please Print Clearly)

Child's Name _____

Parent/Guardian Name(s): _____

Address _____

(street address, city, state, and zip code)

Mailing Address *(if different)* _____

Phone Numbers

Home _____

Work _____

Cell _____

Email _____

Age Information: Current Age _____ Birth date _____ Last grade completed _____

Medical Information

Medical or other information we need to know. (Please include any food allergies.)

Emergency Contacts (other than listed above)

Name _____ Phone number _____

Dismissal Information

Who may pick up your child at the end of each VBS day?

Other Information

If your child is visiting our church, who is he a guest of?

May we have permission to photograph your child for the purpose of promotion?

Yes _____ No _____

*I give my permission to call 911 in case of an emergency.

Parent/Guardian Signature: _____