

# CHILD REGISTRATION FORM – 2016

Child's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers:

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_

Age Information:

Age or K4 or K5 (Preschoolers) last grade completed in school (Grades 1-6) \_\_\_\_\_

**(Note: Will be attending class just completed in school – not class entering in Fall.)**

Medical Information:

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

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Emergency Contact:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Dismissal Information:

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

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Other Information:

Do you attend Sunday School? If so, where?

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**May we have permission to photograph your child? Yes ( ) No ( )**

**May we have permission to use your child's photograph in church publications for the purpose of promotion? Yes ( ) No ( )**

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Parents Signature