

ADVENTURE LAND VBS REGISTRATION

VBS DATE: _____ Church: _____

{One Form per Child}

Child's name: Boy ___ Girl ___ _____

Grade completed: _____ Age: _____

Parents/ Guardians' names: _____

Home address: _____ Contact phone: _____

Emergency contact person: _____ Relationship to student: _____

Contact phone: _____

Food allergies Y ___ N ___ If Yes, list: _____

Medical concerns Y ___ N ___ If Yes, explain: _____

Family doctor: _____ Doctor's phone: _____

Siblings attending VBS (names and ages)

1. Name: Age _____

2. Name: Age _____

3. Name: Age _____

4. Name: Age _____

Church affiliation: _____

People who may pick up the child Name: _____ Phone: _____

Name: _____ Phone: _____

VBS leaders have permission to photograph/film the minor(s) designated above in any manner or form for any lawful purpose associated with this VBS program.

Thank you for giving us the opportunity to teach your child(ren) more about God and give them the opportunity to have fun at the same time that they learn!

Parent's signature: _____ Date: _____