

## ADVENTURE LAND VBS REGISTRATION

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_

Parents/ Guardians' names: \_\_\_\_\_

Home address: \_\_\_\_\_

Contact phone: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Contact phone: \_\_\_\_\_

Medical/Food allergy concerns: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Doctor's phone: \_\_\_\_\_

People who may pick up the child

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Sibling attending: \_\_\_\_\_

Sibling attending: \_\_\_\_\_

Parents ~ We will capture many VBS memories with photos; photos will be used in church publicity and/or posted on our church website without students' names.

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: \_\_\_\_\_

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