



VBS Registration 2019

Name _____

Circle: Male Female _____ Age _____ Date of Birth _____

Grade entering August 2019 (circle one) K 1 2 3 4 5

Name of parents or legal guardian: _____

Address _____

City _____

State _____ Zip _____

Cell Phone _____

Email Address _____

Home Church _____

I give consent to use any photographs taken of my child during VBS 2019 for promotional use. YES NO

My child may be sent home with the following person(s): _____

List Allergies or other medical conditions (Put NA if child has no allergies): _____

Emergency contact number: _____

Physician's Name: _____

Physician's Phone: _____

Preferred Hospital: _____

In case of emergency, I understand that every effort will be made to contact parent and/or legal guardian. However if someone cannot be reached, I hereby give consent to have my child taken to a hospital for immediate medical care and/or treatment that is required.

Signature of parent or legal guardian



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