

2018 VBS REGISTRATION

Child #

Grade Entering

Child's Name: _____

Birth Date: _____ Age: _____

Parent's Names: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Cell Phone: _____

Alternate Phone: _____

Email: _____

Names of Siblings Attending VBS:

Church Home: _____

Does GPBC have permission to photograph or video tape your child during VBS to use for the purpose of promotion?

_____ YES _____ NO

ALLERGIES/HEALTH CONDITIONS

WHO IS ALLOWED TO PICK UP YOUR CHILD (Name & Relationship)?

EMERGENCY CONTACT

NAME: _____

RELATIONSHIP: _____

PHONE: _____