

# 2019 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: \_\_\_\_\_