

VBS Registration Form

Parent/Guardian Contact Information

First Name: _____ Last Name: _____
Home Phn.: _____ Work Phn.: _____
Mobile Phn.: _____ Email: _____
Mailing Addr.: _____ Street Addr.: _____
City: _____ State: _____ Zip: _____

Emergency Contact Information

This information is the same as above.

(Only provide this information if it is different than the Parent/Guardian Information.)

First Name: _____ Last Name: _____
Phone: _____ Mobile Phn.: _____

VBS Student Arrival/Departure Information

Arrival: My student(s) will be brought by...

First Name: _____ Last Name: _____

Departure: My student(s) will be picked up by...

This person will also pick up my student(s).

(Only provide this information if it is different than the one bringing the student(s).)

First Name: _____ Last Name: _____

VBS Students You Want To Register

Please enter your child's first and last name and then select the appropriate age and grade (just finished) for each child.

Child's Name	Age	Grade

Helpful Information

How did you hear about our VBS?

Repeat Friend Radio Flier Sign TV Newspaper Other _____

Does your student attend a church regularly?

Yes No If yes, Name of Church _____

Does your student attend Sunday School regularly?

Yes No

PLEASE FILL OUT THE PERMISSION/MEDICAL RELEASE FORM ON THE OTHER SIDE.

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Permission and Medical Release Form

I (We) understand the nature of this event and permit our child(ren) to participate in the activities of this event at Bethel Baptist Church. I (We) grant permission for the necessary transportation of our child(ren) to locations associated with this event. I (We) understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give permission to the staff or sponsor to give first aid to my child(ren) and/or secure the service of a licensed physician to provide the care necessary, including anesthesia, for my child(ren)'s well being. I also understand that my insurance company or I will accept all medical expenses.

Parent/Legal Guardian Signature: _____

Allergies/Medical Problems

(Please specify which child the information refers to):

Comments or additional information