



VBS Registration Form (\$10 per child for supplies and snack cost)

Parent Name: _____

Email Address: _____

Home/Cell Phone: _____ Work Number: _____

Parent Name: _____

Email Address: _____

Home/Cell Phone: _____ Work Number: _____

Address: _____

Child Name: _____ Age: _____ Allergies: _____

Child Name: _____ Age: _____ Allergies: _____

Child Name: _____ Age: _____ Allergies: _____

Child Name: _____ Age: _____ Allergies: _____

Emergency Contact Name: _____

Phone Number: _____

Emergency Contact Name: _____

Phone Number: _____

Adults who will be dropping off/picking up:

Please Initial Here if:

_____ I give permission for my child/ren's photo to be taken

_____ I give permission for my child/ren's photo to be placed on the church's website/social media pages

_____ If there are no allergy concerns, I give permission for my child to receive a snack

_____ If my child performs in Sunday Service, I give permission for them to be on YouTube.