

Fairview Baptist Church VBS  
June 5-9, 2017  
8:30 am – 11:45 am  
Ages 4 - 6<sup>th</sup> Grade



# REGISTRATION FORM

Child's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_  
*(street address, city, state, and zip code)*

Mailing Address (if different) \_\_\_\_\_

### Phone Numbers

Home \_\_\_\_\_

Work \_\_\_\_\_

Email \_\_\_\_\_

What school does your child attend? \_\_\_\_\_

### Age Information

Birth date \_\_\_\_\_ Last grade completed in school \_\_\_\_\_

### Medical Information

Medical or other information we need to know. (Please include any food allergies.)

\_\_\_\_\_  
\_\_\_\_\_

### Emergency Contacts (other than listed above)

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_

### Dismissal Information

Who may pick up your child at the end of each VBS day?

\_\_\_\_\_

### Other Information

Does your child attend Sunday School? If so where?

\_\_\_\_\_

If your child is visiting our church, who is he a guest of?

\_\_\_\_\_

May we have permission to photograph your child? Yes  No

May we have permission to use your child's photograph for the purpose of promotion? Yes  No