

# Registration Form

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

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

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

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

### Phone Numbers

Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_

### Age Information

Birth date \_\_\_\_\_ Grade Entering as of 2014-2015 School Year \_\_\_\_\_

### Medical Information

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

\_\_\_\_\_

\_\_\_\_\_

What is your child's t-shirt size? \_\_\_\_\_

### 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?

\_\_\_\_\_

How did you hear about Agency D3 VBS?

\_\_\_\_\_

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

