

VBS Registration

Child's Name _____

Last Grade Completed _____

Birthdate _____

Age _____

Parent/Guardian Names _____

Address _____

Phone _____

Emergency Contact Name and Phone Number

Food/Insect Allergies? If none, please write "None".

Any Medical Concerns? If no, please write "No".

Please list any brothers or sisters along with ages that are attending VBS *

Please list authorized person(s) who may pick up your child(ren). *

Do you currently attend church? Yes No (Please check.)

Would you like more information about Austin Grove Baptist Church? Yes No (Please check.)

VBS Leaders/Workers have my permission to photograph my child(ren) for any lawful purpose associated with VBS. Photos may be posted on the church website, social media, and printed in bulletins and newsletters.

- Yes
- No