

Frazier Baptist VBS Registration Form 2017



Child's Name _____

Parent's/Guardian Name _____

Address _____

City/State Zip _____

PHONE NUMBERS

Home _____

Cell _____

Work _____

EMAIL _____

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

- Bus Rider
- Picked Up
- Rides with VBS Worker

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/she a guest of?

May we have permission to photograph your child?

___ YES ___ NO

May we have permission to use your child's photograph for a Vacation Bible School slide show for church and a craft that will be sent home? ___ YES ___ NO