

# Frazier Baptist VBS Registration Form 2019



Parent's/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City/State Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

## LIST CHILDREN ATTENDING VACATION BIBLE SCHOOL

First Name	Last Name	Birthday MONTH/DATE/YEAR	Age	Last Grade Completed	Medical Info/ Allergies Please include 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 family attend Sunday School? If so where?

\_\_\_\_\_

If your child/children are 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