

REGISTRATION FORM

child 5 Hu	me
Parent/Gu	ardian Name
Address	
Audi (33 -	(street address, city, state, and zip code)
Mailing Ad	Idress (if different)
Phone Nu	nbers
Work	
Cell	
Fmail	
Age Inforr Birth date	Last grade completed in school
Medical Ir Medical or allergies.)	other information we need to know. (Please include any food
Emergenc	y Contacts (other than listed above)
	y Contacts (other than listed above) Phone number
Name	Phone number
Name Name Dismissal	
Name Name Dismissal Who may Other Info	Phone number Phone number Information Dick up your child at the end of each VBS day?
Name Name Dismissal Who may p Other Info Does your	Phone number Phone number Information Dick up your child at the end of each VBS day?

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



ADULT REGISTRATION FORM

Addre	ss
	(street address, city, state, and zip code)
Mailin	g Address (if different)
Phone	Numbers
Home	
Work _	
Cell _	
Email .	
Other	Information
Do νοι	u attend Sunday School? If so, where?

Are you a church member? If so, where?

If you are visiting our church, who are you a guest of?

May we have permission to photograph you? Yes

May we have permission to use your photograph for the purpose of promotion? Yes $$\rm No$$

No

Registration Form • Administrative Guide CD