



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

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

Address \_\_\_\_\_  
\_\_\_\_\_

**Phone Numbers**

Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

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**

Who may pick up your child at the end of each VBS night? (You can list multiple people)

\_\_\_\_\_

**Other Information**

Do you attend church? - What is the name of your pastor?

\_\_\_\_\_

**May we have permission to photograph your child?** [ Y / N ]

**May we have permission to use your child's photograph for the purposes of promotion?**  
[ Y / N ]