

Sandy Valley Baptist Church Vacation Bible School (VBS) Registration

One form per child

Child's Name: _____

Grade Completed: _____ Age: _____

Church Membership at: _____

Parent's Name(s): _____

Home Address: _____

Parent's Phone (include area code): _____ Alternate Phone: _____

Emergency Contact Person: _____ Relationship to Child: _____

Phone: _____

Additional Persons Who May Pick up Child

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Siblings Attending VBS

1. Name: _____ Age: _____

2. Name: _____ Age: _____

Will your family participate in light supper Monday through Thursday? Yes / No

Food Allergies: Yes / No If yes, list: _____

Medical Concerns: Yes / No If yes, explain: _____

(VBS) leaders have permission to photograph/film the minor(s) designated above for any lawful purpose associated with this VBS program. Yes / No

Nursery available for young children of volunteers only.

Parent's Signature: _____ Date: _____