Child's Name:
Grade Completed:
Age:
Church Membership at:
Parent's Names (s)
Home Address:
Parent's Phone (include area code):
Alternate Phone:
Emergency Contact Person:
Relationship to child:
Phone:
Additional Persons Who May Pick Up Your Child
Name & Phone Number:

Sandy Valley Baptist Church Vacation Bible School (VBS) Registration One form per child

Name & Phone Number:	
Siblings Attending Vacation Bible School	
Name and Age:	
Name and Age:	
Will your family participate in light supper Monday through Thursday? You	es or 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 VBS program. Yes / No	
Nursery available for young children of volunteers only.	
Parent's Signature:	Date:
Church email: mail@sandyvalley.org	