

VBS REGISTRATION FORM

Child's Name (LAST, FIRST): _____

Child's Gender: M F D.O.B.: _____ Grade Completing in 2018/19: _____

Allergies, Medical & Special Needs: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Mom's Name (LAST, FIRST): _____

Dad's Name (LAST, FIRST): _____

Mom's Cell Phone: _____ Dad's Cell Phone: _____

EMAIL: _____

You will receive important information regarding your child's VBS registration via email. Please make sure you check the above email regularly for updates regarding class assignments, what to bring, and MORE!

Emergency Contact (1): _____ Phone #: _____

Emergency Contact (2): _____ Phone #: _____

Please list any Non-Parent adults authorized to pick up your child(ren) **(MUST BE 18 OR OLDER)**:

Does your child attend Church and/or Sunday School? Y N

If so, where? _____

If your child is visiting our church, who is he a guest of? _____

How did you hear about our VBS? _____

By signing this form, you acknowledge Shadow Hills Church has permission to take your child's photograph during the week of Vacation Bible School. These photographs may be used in church publications and on our Facebook page.

Parent/Guardian Signature: _____ Date: _____