

## REGISTRATION FORM

### Grace United Church of Christ Vacation Bible School 2014

CHILD'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

LAST SCHOOL GRADE COMPLETED \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PHONE NUMBERS HOME \_\_\_\_\_ CELL \_\_\_\_\_

#### EMERGENCY CONTACTS

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

#### DISMISSAL INFORMATION

NAME OF PERSON(S) WHO MAY PICK UP YOUR CHILD FROM VBS

\_\_\_\_\_

#### ALLERGIES/MEDICAL INFORMATION/SPECIAL NEEDS

\_\_\_\_\_

\_\_\_\_\_

DO YOU AGREE TO ALLOW PHOTOS OF YOUR CHILD TO BE USED  
IN CHURCH PRESENTATION OR PROMOTIONAL MATERIALS?

YES \_\_\_\_\_

NO \_\_\_\_\_

SEE OTHER SIDE