

VBS Registration Form

Explorer's Name

Parent/Family/Guardian Name

Address

Email Address

Phone Numbers: Home _____ Cell _____

Work _____

Date of birth _____ Age _____

Last school grade complete _____

Special Needs/Allergies/Medical Information/Other:

Emergency Contacts

Name _____ Phone _____

Name _____ Phone _____

Name(s) of person(s) who may pick up this child from VBS:

Photo Release: _____ Church/VBS has my permission to use my child's photograph publicly in VBS materials. I understand the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.