



Check here if child has allergy or other medical condition.



# First Baptist Church 2017 VBS Registration Form August 7<sup>th</sup> -11<sup>th</sup>, from 9am-12:30pm

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone(s): \_\_\_\_\_

Parent's work phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Parent(s) name(s): \_\_\_\_\_

In case of an emergency, contact: \_\_\_\_\_

Emergency contact phone: \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

\_\_\_\_\_

School grade just completed: \_\_\_\_\_

Name of Church, if any: \_\_\_\_\_

I hereby GRANT or DO NOT GRANT (please circle one) permission for **FIRST BAPTIST CHURCH OF MAINISTIQUE** to use pictures of my child \_\_\_\_\_ (name of child)

on their website for informational or promotional purposes.

\_\_\_\_\_ (parent signature)