

# VBS 2012 Registration Form

**Child's Name** \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_

**Address** \_\_\_\_\_

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**E-mail Address** \_\_\_\_\_

**Phone Numbers** Home \_\_\_\_\_ Cell \_\_\_\_\_

**Age Information**

Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Last school grade completed \_\_\_\_\_

**Home Church** \_\_\_\_\_

**Allergies/Medical Information/Other**

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**Emergency Contacts**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Dismissal Information**

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

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**Nights this child plans to attend VBS**

Sunday \_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_

I give permission to take photos of my child to be used in a DVD of this VBS and given to participating families. Yes \_\_\_ No \_\_\_

I give permission to take photos of my child to be used on the websites of First and Asbury UMC. Yes \_\_\_ No \_\_\_

How did you hear about VBS? \_\_\_\_\_

Do you plan to stay with your child at VBS? Yes \_\_\_ No \_\_\_

**(Church use only):** Diver Group \_\_\_\_\_ Parent helping with VBS? \_\_\_\_\_  
Where? \_\_\_\_\_