



Registration Form

(One Per Child)

Child's Name: _____ Child's Gender: _____

Child's Age: _____ Date of Birth: _____ Last School Grade Completed: _____

Name of Parent(s): _____

Street Address: _____

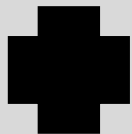
City: _____ State: _____ Zip: _____

Home Telephone: (____) _____ Cell Phone: (____) _____

Email Address: _____

Home Church, If Any: _____

Allergies, Medical Conditions or Special Needs: _____



In Case of Emergency, Contact: _____

Phone: _____ Relationship to Child: _____

Photography & Media Consent

During Vacation Bible School, our church may take photos or videos to capture activities and moments of celebration. These images may be used in church presentations, printed materials, social media or on our website to highlight ministry events. Please indicate your preference below:

YES, I give permission for my child to be photographed or recorded during VBS activities. I understand these images may be used in church-related publications, presentations or online platforms.

NO, I do NOT give permission for my child to be photographed or recorded. I understand that the church will make reasonable efforts to exclude my child from photos and videos.

FOR CHURCH USE ONLY: Crew Number or Name: _____