



Memorial Baptist VBS Registration Form

Child's Name: _____

Parent/Guardian Name: _____

Address: _____ City _____

Parent Phone #'s:

Home: _____

Work: _____

Cell: _____

E-mail: _____

Child's Birth Date: _____

Child's Spring '09 Grade: _____

Medical Information

Any allergies, medications, other things we need to know:

Emergency Contacts:

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Who specifically is your child allowed to be picked up by? Is there any information we should know about child pickup (family member names, late pickup, etc.)

Do we have permission to use your child's photograph in church publications/website for promotion purposes?

Please Circle:

YES **NO**

Information for Parents:

FAMILY LUAU: All family members and friends are invited to the family party on Friday night, June 26th, 2009. The night will start off at 6:00 with the normal line up and walk-in. Join us that night for music, games, food, fun and fellowship.

PICK-UP: Please note that parents picking up kids will have to come into the sanctuary of the church at 8:30 to pick up their children.

ALLERGIES: Please fill out the medical information above if your child has ANY allergies including food allergies.