



## CHILD'S REGISTRATION FORM

Child's Name: \_\_\_\_\_

Boy or Girl (Circle One)                      Birthdate: \_\_\_\_\_      Age: \_\_\_\_\_

Last Grade (COMPLETED): \_\_\_\_\_                      Placed: \_\_\_\_\_

Siblings & Grades (COMPLETED):

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Physical Address (Street, City, State & Zip Code):

\_\_\_\_\_

Mailing Address (If Different):

\_\_\_\_\_

Phone Numbers:

Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Email Address:

\_\_\_\_\_

ALLERGIES:

\_\_\_\_\_

\_\_\_\_\_

MEDICAL INFORMATION:

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACTS & PHONE NUMBERS:**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**DISMISSAL INFORMATION:**

Who may pick up your child at the end of each VBS day?

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**OTHER INFORMATION:**

Does your family attend LifeGroup/Church? If so where?

\_\_\_\_\_  
\_\_\_\_\_

Would you like information about First Baptist Church?

\_\_\_\_\_  
\_\_\_\_\_

If your child is visiting our church, who is he/she a guest of?

\_\_\_\_\_

May we have permission to photograph/video your child?      Yes   or   No

May we have permission to use your child's photograph/video for the purpose of promotion?      Yes   or   No