

VBS Registration Form

****Please note that we will be using photos taken during VBS for craft projects and/or promotional usage. No identifiable information will be contained in the pictures or use.**

Parent/Guardian Information

Name _____ Relationship to Participant(s) _____

Phone Number: _____ Alternate Phone Number _____

Where do you regularly attend church? E-mail _____

☐ Whitesburg Baptist Church Address _____

☐ I don't regularly attend church at this time _____

☐ Other: _____

Emergency Contact

Name _____ Relationship to Participant(s) _____

Phone Number _____

Participant(s) Information

Name _____

Birthday _____

Food Allergies _____

Which of the following best describes your child?

- ☐ 4 years old and completed Pre-K
☐ 5 years old and completed Kindergarten
☐ 1st Grade Completed
☐ 2nd Grade Completed
☐ 3rd Grade Completed
☐ 4th Grade Completed
☐ 5th Grade Completed

(Office use only)
Class Assignment

Name _____

Birthday _____

Food Allergies _____

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INCLUDE ANY OTHER NOTES/COMMENTS ON BACK OF THIS FORM