

Vacation Bible School Child Registration Form

* Indicates required field

Child's Name*:

First Last

Gender (Male/Female)*: _____

Child's Birth Date (m/d/yyyy)*: _____

Last Grade Completed*: _____

Primary Guardian's Name*:

First Last

Primary Guardian's Phone*: _____

Primary Guardian's Relationship to Child*:

Primary Guardian's Email*:

Additional Guardian's Name:

First Last

Additional Guardian's Phone: _____

Additional Guardian's Relationship to Child:

Additional Guardian's Email:

Address*:

Line 1

Line 2

City State

Zip Code Country

Mailing Address (if different)*:

Line 1

Line 2

City State

Zip Code Country

Does your child attend Sunday School?
If so, where?*

If your child is visiting our church, whom is he or she a guest of?

Person(s) other than parents/guardians allowed to pick up child from VBS (list full name and phone number)

Medical Information

Allergies or other medical conditions	In case of emergency contact*	Phone Number*	Relationship to Child*
_____	_____	_____	_____
	First Name	Last Name	
_____	Other Emergency Contact	Other Phone #	Other's Relationship
_____	_____	_____	_____
	First Name	Last Name	

Other Information

May we have permission to photograph your child?*	Do you have any additional questions for us?
Yes _____	_____
No _____	_____
May we have permission to use your child's photograph for the purposes of promotion?*	_____
Yes _____	_____
No _____	_____
Check this box to confirm that the above information is accurate and your child has permission to attend Vacation Bible School at ACC.*	Email or Phone Number for Additional Questions
I confirm <input type="checkbox"/>	_____