

VBS Registration Form
June 10-14 5-7pm



Hero's Name: _____

Parent/Family/Guardian Name: _____

Address: _____

Email Address: _____

Phone Numbers

Home _____ Cell _____ Work _____

Date of birth: _____ Age: _____ Grade ended: _____

Home Church (if any): _____

Friends of your child at this church: _____

Special Needs/Allergies/Medical Information/Other:

Emergency Contacts

Name: _____ Phone: _____

Name: _____ Phone: _____

Name(s) of person(s) who may pick up this child from VBS:

Photo Release: Church/VBS has my permission to use digital images of my child publicly in VBS materials. I understand the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature _____

Date: _____

----- (for church use only) -----

Assigned to Hero Group: _____

Are family members helping with Hero Hotline? _____

If yes, where? _____