



VBS Registration Form

(One per child)

June 26 – 30, 2023

9:00 a.m. to 12:00 noon

Date: _____

Name: _____ Birth Date: _____ Age: _____

Street address: _____ City: _____ State: _____ Zip: _____

Mother's name: _____ Cell: _____

Father's name: _____ Cell: _____

Primary e-mail address: _____

Number of family members participating: _____

Will a family member be helping in VBS? _____ Where? _____

In case of emergency, contact: _____ Phone: _____

 Allergies or other medical conditions: _____

Photography & Video Consent

As parent/guardian of _____, I understand that promotional pictures and videos (individual and group) will be taken during these events. I **(give/do not give)** (circle one) **permission** for my son's/daughter's picture and video to be used for promotional materials (newsletter, web page, Facebook page, calendars, power point, videos, etc.) in highlighting the events.

Parent Signature

Date

Fee: \$20.00 for one child, \$30.00 for 2 or more

Payment by: Cash/Check _____ Check #: _____ Receipt #: _____ Balance: _____