

River's Edge Church VBS 2026

4 years old through 5th Grade

## Register me for Emerald Crossing!

Child's name \_\_\_\_\_

Gender: Male \_\_\_ Female \_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade completed \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency contact \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Who can pick up your child? \_\_\_\_\_

Name of home church \_\_\_\_\_

Food allergies Y \_\_\_ N \_\_\_ List \_\_\_\_\_

Medical concerns Y \_\_\_ N \_\_\_ Explain \_\_\_\_\_

### PERMISSION TO USE IMAGES AND VIDEO

I hereby grant permission for \_\_\_\_\_

CHURCH NAME

to record sounds, images, or video of my child \_\_\_\_\_

NAME

while attending *this VBS program*. I also give permission for \_\_\_\_\_

CHURCH NAME

at its sole discretion, to use these sounds, images, or videos in publications (including print, websites, and social media

platforms) owned by \_\_\_\_\_

CHURCH NAME

in relation to *this VBS program*.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**Please fill out completely and  
return email to  
debradvorak@icloud.com**