

**Blue Ridge Baptist Church**  
**VBS 2026 Registration Form**  
(one for each child - please)

**Childs Name:** \_\_\_\_\_

**Parent/Guadian Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(street address, city, state, and zip code)

**Mailing Address** (if different): \_\_\_\_\_

**Contact Information:**

**Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Age Information:**

**Birth date:** \_\_\_\_\_ **Last grade completed in school:** \_\_\_\_\_

**Medical Information:**

Medical or other information we need to know. (Please include any food allergies)

**Emergency Contacts:** (other than those listed above)

**Dismissal Information:**

Who may pick up your child at the end of each VBS day?

**Other Information:**

Does your child attend church? If so, where?

**May we have permission to photograph your child?** Yes \_\_\_ No \_\_\_

**May we have permission to put a photograph of your child on our Web site:**  
Yes \_\_\_ No \_\_\_