

VBS STUDENT REGISTRATION FORM

Student's Name: _____

Parent/Family/Guardian Name: _____

Address: _____

Email Address: _____

Phone: (Cell) _____ (Home) _____ (Other) _____

Student DOB: _____ Age: _____ Last Grade Completed: _____

Home Church (if any): _____

Friends of yours/your child at this church: _____

Special needs/Allergies/Medical Information: _____

Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

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

(1) _____

(2) _____

Photo Release: First Baptist Church Hillsborough/VBS has my permission to use my child's photograph 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 Signature: _____ Date: _____

-----FOR CHURCH USE ONLY-----

ASSIGNED TO GROUP: _____

GROUP LEADER: _____