

# 2019 Parkview K-6 Vacation Bible School Registration Form

Child's Name \_\_\_\_\_

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

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

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

Phone Numbers Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_

## Age Information

(To attend VBS children must have completed kindergarten through 6th grade.)

Birth date \_\_\_\_\_

What school grade did you just finish? (Please circle) K 1 2 3 4 5 6

## Medical Information

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

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## Emergency Contacts (other than listed above)

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_

## Dismissal Information

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

## Other Information

Does your child attend Sunday School? \_\_\_\_\_ If so where? \_\_\_\_\_

If your child is visiting our church, who is he a guest of? \_\_\_\_\_

May we have permission to photograph your child? Yes No

May we use your child's photograph for the purpose of promotion? Yes No