

VBS 2018 at The Baptist Fellowship of Randolph

Registration Form

Fill out beforehand and bring on the first day.

General Info:

Parent/Guardian Name: _____

Address: _____

(street address, city, state, and zip code)

Mailing Address (if different) : _____

Phone Numbers

Home: _____ Work: _____ Cell: _____

Email: _____

Emergency Contacts (other than listed above) & Dismissal Information:

Names & Phone numbers

VBS day?

Who may pick up your child/children at the end of each

Permissions:

May we have permission to photograph your child/children? Yes ___ No ___

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

We have several people willing to do face painting; do you give permission to have them face paint your child? Yes ___ No ___

Do you authorize the staff in the VBS program who are trained in the basics of first aid to give your child first aid when appropriate? Yes ___ No ___

Every effort will be made to contact you in the event of an emergency requiring medical attention for your child. However, if you cannot be reached, do you authorize the program to transport your child to the Gifford Medical Center, Randolph VT, and to secure necessary medical treatment for your child? Yes ___ No ___

Info about each Child (separate section for each):

#1) Child's Name: _____ Age Information -Birth date: _____

Last grade completed in school: _____ Special request concerning VBS grouping: _____

Medical Information

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

Other Information

Does your child attend Sunday school? If so where?

If your child is visiting our church, who are they a guest of?

(cont. on back)

#2) Child's Name: _____ **Age Information** -Birth date: _____

Last grade completed in school: _____ Special request concerning VBS grouping: _____

Medical Information

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

Other Information

Does your child attend Sunday school? If so where?

If your child is visiting our church, who are they a guest of?

#3) Child's Name: _____ **Age Information** -Birth date: _____

Last grade completed in school: _____ Special request concerning VBS grouping: _____

Medical Information

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

Other Information

Does your child attend Sunday school? If so where?

If your child is visiting our church, who are they a guest of?

#4) Child's Name: _____ **Age Information** -Birth date: _____

Last grade completed in school: _____ Special request concerning VBS grouping: _____

Medical Information

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

Other Information

Does your child attend Sunday school? If so where?

If your child is visiting our church, who are they a guest of?

Parent/Guardian Signature

Date