



Registration Form

FEASTING ON FAITH

Child's Name _____

Parent/Guardian

Names _____

Address _____

City _____

Zip _____

Phone Numbers: Landline (if any) _____

Cell _____

Cell _____

Age Information

Date of birth _____

Age _____

Last grade completed (if any) _____

Home Church (if any) _____

Allergies/Medical Information/Other

Emergency Contacts (if parents cannot be reached)

Name/Relationship _____

Phone _____

Name/Relationship _____

Phone _____

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

Do we have your permission to take photos of your child in groups (Names/Name tags will not be used or visible)? Yes _____ No _____

How did you hear/learn about this VBS? (mailing, newspaper, internet, etc.)

Does your child have a friend they would like to be in their group, if possible? Use the back of page, if needed.
