

MAKE THE PLAY! TEAM VBS!



Place

**Monday, July 9th thru
Friday, July 13th**

Date

**5:30pm for meal, VBS
starts at 6pm until 8pm**

Time





Child's Name _____

Parent/Guardian Name _____

Address _____

Mailing Address (if different) _____

Phone Numbers: _____

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 Contact: _____

Name _____ Phone number _____

Name _____ Phone number _____

Dismissal Information: _____

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

Other Information: _____

Do you attend Sunday School? If so where? _____

If you are visiting our church, who are you a guest of? _____

May we have permission to photograph your child? Yes No

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