

"Praise Party"

Worshiping God with Head, Heart, Hands, Feet and Soul!!

Northfield Community Vacation Bible School Registration Form

Child's Name _____

Nickname/preferred name to be called: _____

Parent/Guardian Name _____

Mailing Address _____

Email Address _____

Phone Numbers

Home: _____ Cell: _____ Work: _____

Age Information

Last Grade Completed: _____ Age: _____ Date of Birth: _____

Gender: M F

Home Church _____

Known Allergies or medical concerns: (children will be involved in preparing & eating food)

Emergency Contacts (include one contact other than parent/guardian in case
parent/guardian can not be reached.)

Name: _____ Phone: _____

Relation to child _____

Name: _____ Phone: _____

Relation to child _____

Dismissal Information

Name and phone number of person(s) who may pick up this child from VBS each day:

Friend(s) joining you during the week

Name: _____ Age: _____

Name: _____ Age: _____

Signature of Parent/guardian: _____

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Permission for Picture taking:

I, _____ (parent/guardian), GIVE my permission for _____ (my child), picture to be taken and used for publicity in the local newspapers and in the sponsoring church's publications and websites.

Parent/Guardian Signature

Date

I, _____ (parent/guardian), DO NOT GIVE my permission for _____ (my child), picture to be taken and used for publicity in the local newspapers and in the sponsoring church's publications and websites.

Parent/Guardian Signature

Date

EMERGENCY CONTACT INFORMATION CARD

Childs Name: _____

Birth date:(month/day/year) _____

Height: _____ Weight: _____ Hair Color: _____ Eye color: _____

Allergies: _____

Medications: _____

Medical Conditions: _____

Other: _____

Physician Name/clinic/phone: _____

Dentist: Name/clinic/phone: _____

Parent/Guardian Full Name: _____

Home Address: _____

Phone Numbers:

Home: _____ Cell: _____ Work: _____

Other Emergency Contact person other than parent or guardian:

Name: _____

Relationship: _____

Phone Number: _____