

# REGISTRATION FORM

Child's Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

## Address

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

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

## Contact Information

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 OHIP and any food allergies.)

## Emergency Contacts (other than listed above) Names &

Phone numbers

## Dismissal Information

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

## Other Information

Does your child attend church? 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 have permission to use your child's photograph for the purpose of promotion? ☐ Yes ☐ No

# ADULT REGISTRATION FORM

Name \_\_\_\_\_

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

**Mailing Address** (*if different*)

## Contact Information

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

## Other Information

Do you attend church? If so, where?

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

May we have permission to photograph you? ☐ Yes ☐ No

May we have permission to use your photograph for the purpose of promotion? ☐ Yes ☐ No