

VBX 2009 Registration

Child's Name _____

Parent/Guardian Name _____

E-mail Address _____

Address _____

City _____ **Zip** _____

Phone Numbers Home _____ Work _____ Cell _____

Age Information Birth date ____ / ____ / ____ or Last grade completed in school _____

Medical Information: (Please indicate any information we may need to know regarding your child—allergies, etc.)

Emergency Contact: (If other than parent) Name _____

Phone Number _____

Dismissal Information: Name and phone number of person who will pick up your child at the end of each VBS evening: _____

Other Information:

Do you attend Church? Yes / No If so, where? _____

I hereby give my permission for my child to participate in the special events of VBS. I authorize the staff of **The Heights Baptist Church** to obtain emergency medical treatment for my child should they need said care while attending VBS. I understand pictures will be taken and shared through the ministry of The Heights.

Parent's Signature

Date

Parent's Location During VBS