

Building Blocks: VBS 2024 Registration

Monday, July 22nd - Thursday, July 25th

(VBS Family Fun Night Friday, July 26th)

Child Information *Print Information Clearly*

First Name: _____ Last Name: _____

Age: _____ Grade: _____ (Incoming year) T-Shirt Size: XS S M L XL

Allergies / Medical Conditions:

Is this allergy life threatening? (Check one) Yes No

Does child have an EpiPen? (Check one) Yes No

If your child were to come in contact / ingest this allergy, what precautions would you like us to take?

I would like to be in the same group as... _____

Emergency Contact Information

First Name: _____ Last Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Release / Authorization Requests

I give permission for my child's allergies to be written on the provided yellow band.

(Check one) Yes No

I give permission for my child to have his/her picture taken for...

(Check one) Both crafts and use in Church publications or advertising.

Crafts only.

I do not want my child's picture taken.

I give permission to the following adult to pick up my child from VBS.

We will require an ID to verify the adult at checkout.

First Name: _____ Last Name: _____

Additional Notes / Instructions: _____

Parent Signature: _____ Date: _____