

Whale of a Tale: VBS 2025 Registration

Monday, July 21st - Thursday, July 24th

(VBS Family Fun Night Friday, July 25th)

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 your child have an EpiPen? *(Check one)* ☐ Yes ☐ No

If your child were to come in contact with / ingest this allergy, what precautions should we take?

Your child would like to be in the same group as... *Not guaranteed; siblings will move to youngest age if added.*

Emergency Contact Information

First Name: _____ Last Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Release / Authorization Requests

I permit my child's allergies to be written on the provided yellow band.

(Check one) ☐ Yes ☐ No

I permit 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 permit the following adult(s) to pick up my child from VBS.

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

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

Additional Notes / Instructions: _____

Parent Signature: _____ Date: _____