VBS registration form

BackPR

> Vacation Bible school at [church name], [dates], [times]. Please fill out one form for each child.

Child

Full name _____

Name they go by _____

Date of birth _____

Grade completed this spring _____

T-shirt size (if a shirt is included) _____

Friend they'd like to be grouped with _____

Parent or guardian

Name _____

Cell phone _____

Email _____

Address _____

Home church, if any _____

Emergency contact (other than parents)

Name, relationship, phone _____

Pickup

Adults who may pick up this child (name, relationship, phone)

_____

Anyone who may NOT pick up this child (if it's a parent or legal guardian, attach a copy of the court order)

_____

Health

Food allergies (we serve snacks) _____

Other allergies or medical conditions _____

Anything that helps your child have a good week

_____

Permissions

- ☐ The church may use photos of my child in church newsletters and slides
- ☐ The church may use photos of my child on its website and social media
- ☐ Staff may give my child the snack we serve

Volunteer

☐ I'd like to help at VBS (we'll contact you about background checks and training)

Days and roles you could help with _____

Emergency care consent

In an emergency, staff may call 911. If staff can't reach me, I authorize them to get emergency medical care for my child.

Signature

Parent or guardian printed name _____

Parent or guardian signature _____

Date _____

Free to use and change, but not legal or medical advice. Check your state's licensing rules and your insurer's requirements, and have a lawyer review any consent or waiver language.

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