



CALVARY
BAPTIST CHURCH

VBS Registration Form

For ages Preschool through 12th grade

Child (1) Name: _____ Birth Date: _____ Age: ____ Last Grade Completed: ____

Allergies/medical conditions (describe symptoms): _____

Child (2) Name: _____ Birth Date: _____ Age: ____ Last Grade Completed: ____

Allergies/medical conditions (describe symptoms): _____

Child (3) Name: _____ Birth Date: _____ Age: ____ Last Grade Completed: ____

Allergies/medical conditions (describe symptoms): _____

Child (4) Name: _____ Birth Date: _____ Age: ____ Last Grade Completed: ____

Allergies/medical conditions (describe symptoms): _____

Parent(s)/Guardian's Name: _____

Home Address: _____

Street

City

Zip

Telephone: _____ Email: _____

Home Church if any: _____

In case of emergency, other than parent listed above, please call:

Name: _____ Relation to child: _____ Phone number: _____

Check One:

I give permission for my child(ren) to be photographed or videographed for print, digital or electronic images. These images may be used by Calvary Baptist Church for its use on the website or for any other informational or promotional purposes. The child(ren)'s name(s) will not be used with the photos.

I DO NOT grant permission for my child(ren)'s photo/video to be used for print, digital or electronic images.

Parent/Guardian Signature: _____ Date: _____