



REGISTRATION FORM

Emmanuel Baptist Church

Child's Name _____ Parent/Guardian Name _____

Address

(street address, city, state, and zip code)

Mailing Address *(if different)* _____

Phone Numbers

Home _____ Work _____ Cell _____

Email _____

Age Information

Birth date _____ Last grade completed in school _____

Will Your Child ride church van? *(check one)*

To VBS Only _____

Home from VBS Only _____

Ride Both Ways _____

Total children riding _____ *(please fill in)*

Medical Information

Medical or other information we need to know. *(Please include any food allergies.)*

Emergency Contacts *(other than listed above)*

Names & Phone numbers

Dismissal Information

Who may pick up your child at the end of each VBS day?

Other Information

Does your child attend Sunday School? If so where?

If your child is visiting our church, who is he a guest of?

May we have permission to photograph your child? Yes No

May we have permission to use your child's photograph for the purpose of promotion? Yes No

