

VBS Registration Form

CHILDREN REGISTRATION: Please provide a registration for each participating child

Child's Name: _____

Parent/Guardian Name: _____

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

Mailing Address *(if different)* _____
(street address, city, state, and zip code)

Contact Information:

Home _____

Work _____ Cell _____

Email _____

Age Information:

Birth date: _____

Last grade completed in school: _____

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

CHARRETTE CHURCH
16371 State Highway O / Marthasville, MO 63357
636-433-2077 / pastor@charrettechurch.com / www.charrettechurch.com