



## CHILD REGISTRATION FORM

Child's Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

### Contact Information

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

**Age Information** (must be 5 years of age by September 1 , 2024)

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)

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Dismissal Information** (Who may pick up your child at the end of VBS each day?)

\_\_\_\_\_  
\_\_\_\_\_

### Other Information

**Does your child attend church?** If so, where?

Yes \_\_\_ No \_\_\_ Church Name \_\_\_\_\_

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

\_\_\_\_\_

**By signing this form I acknowledge that my child's photo may be used on social media or in IMBC material.**

\_\_\_\_\_