

# GSBC VBS Registration Form

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

Address \_\_\_\_\_  
*(street address, city, state, and zip code)*

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

## 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

Email completed form to [worship@gardenstreetbaptist.org](mailto:worship@gardenstreetbaptist.org) or bring it with your child the first day of bible school  
May 30th at 8:00 AM to Garden Street Baptist Church, 2806 Garden Street.