

Fletcher First Baptist Church VBS Registration

Please PRINT and fill out both sides of form completely:

Child's Name: _____ Age: ____ Birthdate: _____ Grade Entering: _____

Male / Female Allergies/Medical Conditions: _____

Child's Name: _____ Age: ____ Birthdate: _____ Grade Entering: _____

Male / Female Allergies/Medical Conditions: _____

Child's Name: _____ Age: ____ Birthdate: _____ Grade Entering: _____

Male / Female Allergies/Medical Conditions: _____

Child's Name: _____ Age: ____ Birthdate: _____ Grade Entering: _____

Male / Female Allergies/Medical Conditions: _____

Parent or Guardian's Name: _____

Mailing Address: _____

Contact Phone (*where you can be reached during VBS sessions*): _____

Alternate Phone: _____

Email address (*for communication of VBS information*): _____

People who may pick up your child(ren): _____

People who may NOT pick up your child(ren): _____

(over)

Please be aware that in the event of a medical emergency, church staff will notify the appropriate emergency services, and the Parent or Guardian listed on the registration form. By signing below, the Parent or Guardian releases and discharges the VBS leaders, church staff, and Fletcher First Baptist Church from any and all debts, judgments or suits of any kind that may arise by their child(ren)'s participation in the VBS program. Payment of any medical expenses will be made by the Parent or Guardian, and/or their insurance company.

Please be aware that photos of your child(ren) may be taken for the purpose of craft activities and/or a Power Point slide presentation that will take place at the VBS Commencement Ceremony. Also note that the VBS Commencement Ceremony will be streamed live on the church website, just as all church services are.

By my signature, I acknowledge that I have read and understand this form, and have provided true information:

Parent Signature: _____

Date: _____