

northside VBS Registration Form

(Please fill out one form per household)

Child's Name _____ Birth date ___/___/___ Last Grade completed _____

Medical info including allergies _____

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Child's Name _____ Birth date ___/___/___ Last Grade completed _____

Medical info including allergies _____

Parent/Guardian Name _____

Address _____

Phone Numbers

Home _____ Work _____ Cell _____

E-mail _____

Emergency Contacts

Name _____ Phone number _____

Name _____ Phone number _____

Other Information

Do you attend Sunday School? If so where?

Are you a guest or invited by someone at our church? If so who?

Would you be interested in hearing more about our church and it's ministries?

May we have permission to photograph your child(ren)? Yes No

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

