

GAME ON!™

GEARING UP FOR LIFE'S BIG GAME 2 PETER 1:3

EARLY REGISTRATION FORM

Child's Name:

Parent/Guardian Name:

Address:

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

Mailing Address (if different):

Phone Numbers

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)

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Emergency Contacts (other than listed above)

Name: Phone number:

Name: Phone number:

Dismissal Information

Who may pick up your child at the end of each VBS day?

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Other Information

Does your child attend Sunday School? If so where?

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

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May we have permission to photograph your child? Yes No

May we have permission to use your child's photo for promotional purposes? Yes No

Child's T-shirt size (tick one): Children: S M L

Adult: S M L XL

