*Registration Form – VBS FBC Summerfield 2026*

Child's Name: _____

Parent/ Guardian Name: _____

Address: _____

_____

Mailing Address (if different): _____

_____

Home phone: _____ Work: _____

Cell (if different): _____

**Age Information for Child**

Date of Birth; ____/_____/_____ Last Grade completed: _____

**Medical Information**

Medical or other information we need to know (Please include any food allergies)

**Emergency Contacts (other than listed above)**

Names and Phone numbers

**Dismissal Information**

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

**Other information**

Does your child Attend church? If so, where?

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

May we have permission to photograph your child? Yes ____ No ____

May we use your child's photograph for the purpose of promotion? Yes ____ No _____

**Signature of Parent or Guardian: _____ Date: _____/_ _____/_____**