

# INDIVIDUAL REGISTRATION FORM

Higher Things® VBS

## Child's Information

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

Street \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Registrant E-mail Address \_\_\_\_\_

- Child has attended a VBS at this church before.  Pre-K  Kinder  1st  2nd  
 3rd  4th  5th  6th
- Child has a disability/medical conditions/dietary special need: *Indicate above which grade the Registrant will be **going into**.*

*(Please only include special needs that would be important and/or dietary requirements.)*

Church Name \_\_\_\_\_ Church Phone \_\_\_\_\_

Street \_\_\_\_\_ City/ST \_\_\_\_\_ Zip \_\_\_\_\_ Denomination \_\_\_\_\_

## Parent/Guardian Section (required all minor participants)

First \_\_\_\_\_ Last \_\_\_\_\_ Home Phone \_\_\_\_\_ Parent's Cell Phone \_\_\_\_\_

Address (if different from above.) \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Parent's E-mail Address \_\_\_\_\_

I grant permission for my minor child, named above on this form as "Registrant," to attend the Higher Things VBS at \_\_\_\_\_ . I assume all responsibility and liability for injury to said minor while at the Higher Things VBS. I also give permission to use any still, audio, and/or video images of my child in publicity and news releases.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

## Emergency Contact

First \_\_\_\_\_ Last \_\_\_\_\_ Cell Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

## Who May Pick Up Child

First \_\_\_\_\_ Last \_\_\_\_\_ Cell Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

First \_\_\_\_\_ Last \_\_\_\_\_ Cell Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

First \_\_\_\_\_ Last \_\_\_\_\_ Cell Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_