

**First Baptist Church**  
*a classic faith community*

**VBS Registration Form**  
July 20-24, 2009

2308 Sidney Ave. • Port Orchard, WA 98366 • www.fbcpo.org

**Child's Name** \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Mailing Address** (if different) \_\_\_\_\_

**Phone Numbers**

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Age Information**

Birth date \_\_\_\_\_ Last grade completed in school \_\_\_\_\_

**Medical Information** (or other information we need to know):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Food Allergies**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contacts**

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

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

**Dismissal Information**

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

\_\_\_\_\_

**Other Information**

Do you attend a church? If so, where? \_\_\_\_\_

If you are visiting our church, who are you a guest of? \_\_\_\_\_

May we have permission to photograph your child?    Yes    No

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