



## First Baptist Church of Trumansburg

PO Box 686, Trumansburg 14886

tburgbaptist@ottcmail.com

### Vacation Bible Registration Form

(Please bring this on the first day of VBS or mail or email to the church)

**Child's Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **T-shirt Size:** \_\_\_\_\_

**Last Grade Completed:** \_\_\_\_\_ **Home Church:** \_\_\_\_\_

**Parent/Guardian Information: Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_ **Receive text? Y** \_\_\_\_\_ **N** \_\_\_\_\_

**Parent/Guardian Information: Name:** \_\_\_\_\_

**Street Address (if different from above):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_ **Receive text? Y** \_\_\_\_\_ **N** \_\_\_\_\_

**The best way to reach me is by (Please check all that apply):** **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Text:** \_\_\_\_\_

**Siblings Attending: Name and Age:** \_\_\_\_\_

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**Allergies/Medical Conditions:** \_\_\_\_\_

#### Who Is the Contact Person In Case of Emergency?

**Name:** \_\_\_\_\_ **Contact No.:** \_\_\_\_\_

**Relationship to the Child?** \_\_\_\_\_

**I give permission for my child to be picked up from church by the following individuals (They will be asked for photo ID)**

**Name (first and last):** \_\_\_\_\_ **Contact. No.:** \_\_\_\_\_

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**Is there any information you would like to provide that would be helpful for us in working with your child?**

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

**I give my permission for the Church to include my child in photographs taken during VBS:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(To assure child safety, adults drop-offing and picking-up children are asked to come into the Church. Children will not be allowed to leave the building unless accompanied by an adult designated in this form.)