



Hiram First Baptist Church

VBS 2015 Registration Form

June 7 – 12, 2015 from 6:30 to 9 PM

Child's Name: _____

Parent/Guardian Name(s): _____

Address: _____

(Street address, City, State, and Zip Code)

Phone Numbers

Home: _____

Work: _____

Cell: _____

Email: _____

Child's Age & Information

Birth date: _____

Last grade completed in school: _____

Medical Information

Medical or other information that we need to know - Please include any food or other allergies.

Emergency Contacts

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Dismissal Information

Who may pick up your child?

Other Information

Do you attend church? If so, where? _____

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

May we have your permission to photograph your child during VBS? **YES** or **NO**

May we have permission to use your child's photograph for VBS promotion? **YES** or **NO**

May we have permission to apply bug spray to your child during outside activities? **YES** or **NO**