

# VACATION BIBLE SCHOOL (VBS) REGISTRATION



**FBC NEW BROCKTON**

Kick-off - June 7th, 2025 | 1pm - 4pm  
June 8th-11th, 2025 | 5:30pm - 8:30pm

CHILD'S NAME \_\_\_\_\_

DOB: \_\_\_\_\_ GRADE COMPLETED \_\_\_\_\_ AGE \_\_\_\_\_ M F

PARENT/GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

EMERGENCY CONTACT NAME AND PHONE # \_\_\_\_\_

IS YOUR CHILD ON DAILY MEDICATION? Y/N- IF SO, MEDICINE NAME, DOSAGE AND REASON \_\_\_\_\_

SPECIAL NEEDS/ALLERGIES \_\_\_\_\_

PLEASE LIST THE NAMES OF THOSE WHO WILL BE ALLOWED TO PICK UP CHILD(OTHER THAN PARENT)  
\_\_\_\_\_

ARE YOU A MEMBER OF FBC New Brockton? Y N

I give permission for my child's picture to be used in all FBC New Brockton publications. Y N

## **MEDICAL, PUBLICITY AND CHILD RELEASE AUTHORIZATION**

I, the parent and/or legal guardian of the above named minor do hereby appoint FBC New Brockton to act on my behalf in authorizing emergency medical, dental, surgical care and or hospitalization for this child in the event I cannot be reached. I agree to be financially responsible for all treatment. I give permission for my child to be picked up by the persons listed above.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_