

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 _____