



VBS Registration 2017



Brandenburg First Baptist Church

Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

School Grade Just Completed: _____ Child's Age: _____ Birthday: _____

Home Church: _____ Email Address: _____

ALLERGIES/MEDICAL CONDITIONS: _____

In Case of Emergency (Name & Phone Number): _____

Authorized Person(s) to pick up my child(ren). Only those on this list will be allowed to pick up your child.

Name	Phone Number
_____	_____
_____	_____
_____	_____

Photo Waiver: _____ YES _____ NO

I grant permission, for my child listed above, to be photographed during church activities for publication in print, online, and other promotional materials. I understand that my child's name will NOT be used to identify my child.