

AES Ministries VBS Registration Form 2018

NAME _____

DATE OF BIRTH _____ GRADE _____

PARENT/GUARDIAN(S) NAME _____

ADDRESS _____

HOME PHONE _____

DAD'S CELL _____ DAD'S WORK _____

MOM'S CELL _____ MOM'S WORK _____

EMAIL ADDRESS _____

EMERGENCY CONTACT (include name, relationship to child, address, phone numbers)

WHO WILL BE PICKING UP YOUR CHILD FROM TLC/CONFIRMATION? FOR SAFETY, WE ASK THAT ALL CHILDREN LEAVE FROM THE FRONT DOOR.

(list all) _____

SPECIAL CONCERNS/FOOD ALLERGIES? _____

Participants, by involvement in programs or activities, give permission to us any photographs taken by Augustana and East Sveadah Ministries for any and church promotions and publicity. We do not use the names of children on website or Facebook.

Parent Signature _____

Additional children and Food Allergies or Special Conerns:

Child's Name	Date of Birth	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

SPECIAL CONCERNS/FOOD ALLERGIES? _____
