

**AES Ministries/First Presbyterian VBS Registration Form 2019**

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 VBS? 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 Sveadahl Ministries for any and church promotions and publicity. We do not use the names of children on website or Facebook.

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

**Additional Children**

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

SPECIAL CONCERNS/FOOD ALLERGIES? \_\_\_\_\_

\_\_\_\_\_