

Glenkirk Church VBS

Registration 2011

Child's Name: _____ Gender: _____ DOB: / / Grade: _____

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Parent(s)/Guardian: _____ Home Church: _____ or N/A

School: _____ Have you ever attended VBS at Glenkirk?
Yes _____ or No _____

Cell: _____ Home: _____ Email: _____

Mailing Address: _____ City: _____ Zip: _____

Does your child(ren) have any special needs or allergies: _____

Please check this box if you *do not* want photographs of your child to be used in church publications.

I give permission for my child(ren) to participate in classes and/or activities at Glenkirk Church. I hereby authorize the volunteers and staff to administer emergency medical first aid treatment, or to call for emergency medical response.

Signature of Parent or Guardian

Date

We will try our best to accommodate requests to be placed in a group with friends.

Please indicate these requests by child below:

Groups are determined by grade (age group) in the fall.

Please place _____ with 1. _____ 2. _____

Please place _____ with 1. _____ 2. _____

Please place _____ with 1. _____ 2. _____

Please place _____ with 1. _____ 2. _____

Emergency Contact (other than parent) Info:

Name: _____ Relationship to child(ren): _____

Home Phone: _____ Cell Phone: _____