

REGISTRATION FORM

Child's Name: _____

Parent/Guardian Name: _____

Address: _____
(street address, city, state, zip code)

Mailing Address: _____

Phone Numbers:

Home: _____ Cell: _____ Work: _____

Email: _____

Age Information:

Birthdate: _____ Last Grade completed in school: _____

Medical Information:

(Medicine allergies, food allergies, any medical restrictions)

Emergency Contacts:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Dismissal Information:

Who may pick your child at the end of each VBS day?

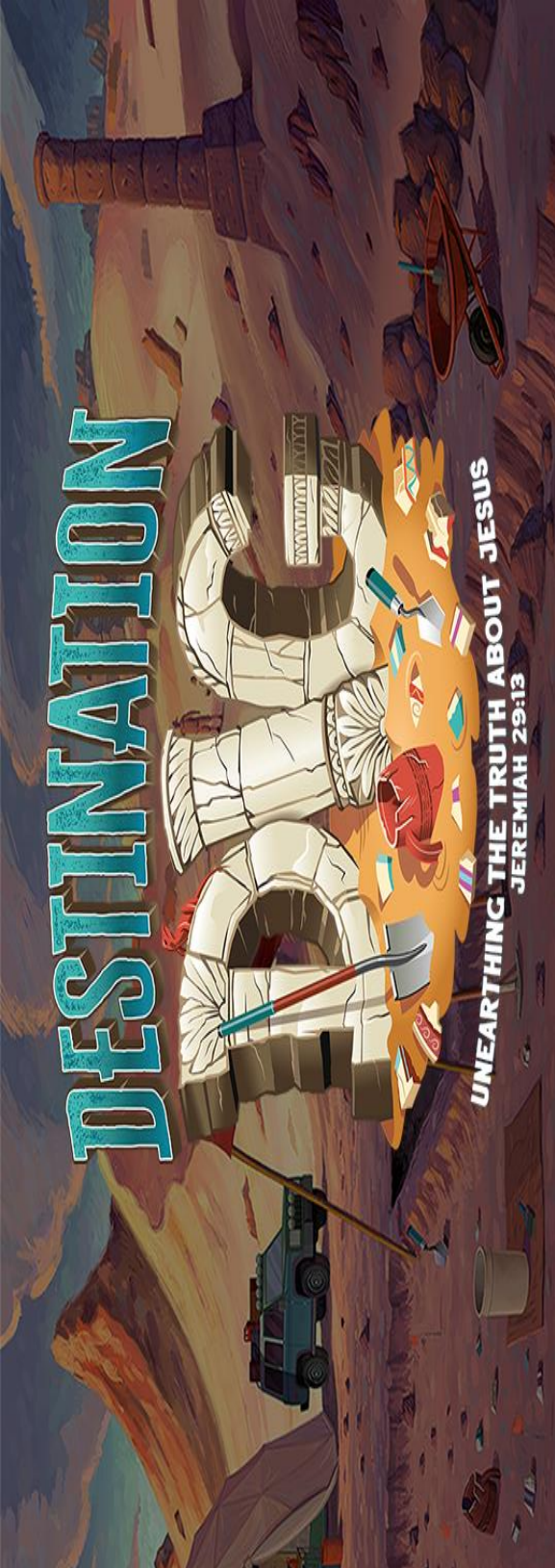
Other Information:

Does your child attend Sunday School? If So Where?

If your child is visiting our church, who is he a guest of?

By signing below I am giving permission to have my child's photo or video taken June 14-18, 2021 used in publications and/or placed on our website.

Parent/Guardian Signature: _____



FIRST BAPTIST
Fair Oaks

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