

# 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 12-16, 2023 used in publications and/or placed on our website.

Parent/Guardian Signature: \_\_\_\_\_



**FIRST BAPTIST**  
*Fair Oaks*

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