



REGISTRATION FORM

Student's name _____ Please Circle: Male / Female
 Address _____ City _____ State _____ Zip _____
 Home telephone (____) _____ E-mail address: _____
 Date of birth ____/____/____ Age _____ Last school grade completed _____
 Home church _____ City _____ State _____
 Need transportation? _____ Parent/Guardian name _____
 Home phone # (____) _____ Mom's cell # (____) _____
 Dad's cell # (____) _____ Other Phone # (____) _____
 Allergies/Medical conditions _____
 Emergency contact _____
 Phone # (____) _____ Relationship to child _____
 Person other than parent authorized to pick up your child _____
 Permission to upload a photograph or video of your child to social media _____ Yes _____ No
 Parent / Guardian Signature _____ Date _____

Please list on the back any other information we need to know about your child.

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RECORD FORM

Circle days attended
S M T W Th F

Name _____ Phone _____
 Address _____ City _____ State _____ Zip _____
 Age _____ Last grade in school _____
 Church Member? _____ What church? _____
 Attends Sunday School where? _____
 Father's Name _____ Attends Sunday School? _____
 Mother's Name _____ Attends Sunday School? _____
 Assigned to _____ Class _____
 Teacher _____ Transportation Needed? _____

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