

VBS

Child Registration Form

Child's Name _____ Gender: M F (Circle)

Birth date _____ School Grade Completed _____

Street Address _____

City _____ State _____ Zip _____

Email _____ Bible Needed? Yes/No

Parent/Guardian _____ Phone _____
(1st Emergency Contact)

2nd Emergency Contact _____ Phone _____

Person(s) authorized to pick up this child:

Allergies or other medical conditions:

How did you find out about this event? _____

Home Church (if any) _____

You are welcome to list one friend your child would like to be grouped with. VBS is a great opportunity to make new friends, but we will do our best to accommodate your request.

I give my child/ren permission to participate in the VBS program. I understand photos or videos may be taken and used by Cornerstone Church for promotional purposes. In the event that my child/ren would need medical treatment, I authorize representatives of Cornerstone Church to administer and/or seek medical treatment. I expect to be contacted as soon as possible following the need of medical treatment for my child/ren.

Parent or Guardian Signature:
