

VBS Registration -- Olivet Baptist Church



Child's Name _____

Parent/Guardian Name _____

Address _____

Phone Numbers Home _____ Cell _____

Age Information

Age _____ Last school grade completed _____

Home Church

Allergies/Medical Information/Food Restrictions/Other

Emergency Contacts

Name _____ Phone _____

Name _____ Phone _____

Dismissal Information

Name(s) of person (s) who may pick up this child from VBS

_____ Yes I give OBC permission to photograph my child. I understand that these pictures will be used for the VBS video and may be posted on the church Facebook Page and/or church website obcdublin.com.

_____ NO, I do not give OBC permission to photograph my child during VBS.

<p>For church use only:</p> <p>Class assigned:</p> <p>Comment/Notes:</p>
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