

# first assembly VBS registration

(families, please complete one form per child. Thank you!)



last name \_\_\_\_\_  
first name \_\_\_\_\_  
age \_\_\_\_\_ date of birth: month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_  
child's grade (fall 2009) \_\_\_\_\_ male  female   
child's address \_\_\_\_\_  
city/state \_\_\_\_\_ zip \_\_\_\_\_

parent's/guardian's name \_\_\_\_\_

parent's/guardian's phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Person's to be contacted in case of emergency:

1. Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

relationship to child: \_\_\_\_\_

2. Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

relationship to child: \_\_\_\_\_

Does your child have any medical condition(s) that we should be aware of?  
(allergies, medications, etc.) If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Siblings who will also be attending VBS: \_\_\_\_\_

\_\_\_\_\_

My child would like to be in class with the following friend(s) \_\_\_\_\_

\_\_\_\_\_

I would like to volunteer to help with \_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

By signing this registration form, you agree that any photographs taken of your child at or during this event are the property of first assembly and may be used in future publications as deemed appropriate.

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