

VBS REGISTRATION

GAME ON VBS * June 24-28, 2018 * 6-8:30pm

Please List all Children in Your Family Attending VBS:

Child's Name	Age	Grade Completed	Food Allergies?	Medical Concerns?
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Parent/Guardian Name _____

Address _____

_____, Texas _____

Primary Phone (_____) _____ Relationship to Child _____

Secondary Phone (_____) _____ Relationship to Child _____

Emergency Contact _____ Phone (_____) _____

Who will/can pick up your children? _____

Do you attend a Church? Y _____ N _____ Where? _____

If not, we'd love for you to come worship with us on Sundays. Sunday School at 10am & Worship at 11am.

I hereby grant the VBS leaders permission to photograph/film the minor(s) designated above in any manner or form for any lawful purpose associated with this VBS program.

_____, June _____, 2018
Parent/Guardian Signature **Date**

~ Mt. Sylvan Baptist Church ~

PO Box 1360 * Lindale, TX 75771 * (903) 882-3890 * www.mtsylvanbc.org