



**2011 VBS
REGISTRATION**

July 17-21, 2011

6:00-8:30 PM

Family Night-July 22 @ 6:00 PM

PLEASE PRINT

Child's Name _____ Birth Date _____ Age ____ Grade Completed _____

Child's Name _____ Birth Date _____ Age ____ Grade Completed _____

Child's Name _____ Birth Date _____ Age ____ Grade Completed _____

Child's Name _____ Birth Date _____ Age ____ Grade Completed _____

Parent/Guardian Name _____

Address _____

Phone Numbers: Home _____ Cell _____

Please list any food allergies or any medical information we need to be aware of, by child, while

participating in VBS. _____

In the unlikely event that a parent cannot be reached, please list TWO Emergency Contacts:

Name _____ Phone _____

Name _____ Phone _____

Do the above have your permission to pick your child(ren) up from VBS? ____ yes ____ no

Does family attend church? If so where? _____

If visiting our church, who are you a guest of? _____

May we have permission to photograph your child(ren) for promotion purposes? ____ yes ____ no

Is there anything else we need to know to care for your child(ren)? _____

Thank you for sharing this special week with us!

Immanuel Baptist Church Global Outreach Center, 2555 S. 26th St., Rogers
479-636-1230 www.ibcgocenter.com Bro. Bruce Love, Children's Pastor