



First Baptist VBS 2019 Registration Form

12 Brookside Dr, Danville, PA 17821 • (570) 275-1511 • www.danvillefirstbaptist.org

CHILD'S INFORMATION

Child's First & Last Name

Child's Birthdate

Grade Child is in this September

Briefly describe any life threatening allergies, medical conditions, or special needs. If none, please write "none".

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PARENT/GUARDIAN'S INFORMATION

Parent/Guardian's First & Last Name

Cell Number

Home Number

Parent/Guardian's First & Last Name

Cell Number

Household Email

Home Address

Mail Address if different

EMERGENCY INFORMATION

The following contacts are also permitted to pick up my child. Note: The above contacts will always be contacted first in an emergency.

Emergency Contact's First & Last Name

Cell Number

Relationship

Emergency Contact's First & Last Name

Cell Number

Relationship

PHOTOGRAPHY PERMISSION

This is another step in our Safe Church initiative!

I grant to the staff of the Vacation Bible School at Danville First Baptist Church the right to take photographs of my child in connection with the VBS program. I agree that the VBS program may use such photographs of my child with or without their name and for any lawful purpose, including for example such purposes as publicity, illustrations and website content specific to Danville First Baptist Church.

Yes, Permission Granted No, Permission Denied - Print Your Name Here: