

Blue River Island Baptist Church VBS Registration

Child's Name _____ Birthdate _____
Address _____
City/State/Zip _____
Phone _____ Email _____
Gender _____ Grade level this fall _____
Church home _____

Allergies/Special Needs/Security Issues of your child that need to be communicated

Child's Parent/Guardian #1
Home phone _____ Work Phone _____ Cell phone _____

Child's Parent/Guardian #2
Home phone _____ Work Phone _____ Cell phone _____

TWO EMERGENCY CONTACT PEOPLE OTHER THAN PARENT/GUARDIAN

Name _____ Relation _____
Home phone _____ Work Phone _____ Cell phone _____

Name _____ Relation _____
Home phone _____ Work Phone _____ Cell phone _____

PEOPLE AUTHORIZED TO PICK-UP FROM VBS

Please list below the alternative people authorized to pick up your child from VBS.
Anyone picking your child up will need to have a pick-up slip and a photo id.

Name _____ Phone number _____
Name _____ Phone number _____

EMERGENCY TRANSPORT INFORMATION

Please sign below to give Blue River Island Baptist Church permission to transport your child in the event of an emergency.

I give Blue River Island Baptist Church permission to have my child transported to the hospital, clinic, or to the nearest available source for emergency medical care.

Parent/Guardian's signature Date