

FRIENDSHIP BAPTIST CHURCH
2019 VBS Registration Form
Email completed form to: office@friendshipmesquite.org



Child's Name _____

Parent/Guardian Name _____

Address _____ City _____ State _____ Zip _____

Phone Numbers:

Home _____ Work _____ Cell _____

Email: _____

Age Information:

Birth Date for Pre-schoolers or last grade completed in school: _____

Medical Information:

Medical or other information we need to know. (Please include any food allergies)

Emergency Contacts:

Name _____ Phone: _____

Name _____ Phone: _____

Dismissal Information:

Who may pick up your child at the end of each VBS day? _____

Other Information:

- Do you attend Sunday School? If so where? _____
- If you are visiting our church, who are you a guest of? _____
- May we have permission to photograph your child? ____ Yes ____ No
- May we have permission to use your child's photograph in church publications or our website for the purpose of promotion? ____ Yes ____ No
- What is your child's T-Shirt size? _____