



Start the Party! VBS 2024

REGISTRATION FORM

Child's Name:

Grade Entering in September:

Parent/Guardian Name:

Parent/ Guardian's Phone Number:

Parent/Guardian Email Address:

Address, City, Zip Code:

Child's Allergies/Medical Conditions:

Emergency Contact if Parent/Guardian Cannot Be Reached:

Emergency Contact Phone Number:

Who is Allowed to Pick up the Child?

Permission:

The above named child has my permission to attend the VBS program every day. I also give permission for the above named child's voice and image to be included in photos/videos for promotional purposes. I promise not to hold BMBC, its staff, or the host responsible for any injuries or sickness that has occurred at or as a result of this program.

Signature:

Date: _____

