



Kingswood VBS

August 6-8, 2017; 6 p.m. - 8:15 p.m.

Vacation Bible School Registration Form (one form per family)

Name(s): _____ Age(s): _____ Grade(s) Entering: _____

Mailing Address: _____

City, State, ZIP: _____

Name of Parent/Guardian: _____

Parent/Guardian primary phone: _____ alternate phone: _____

e-mail address: _____

Person(s) other than parent/guardian who are authorized to pick up children:

In case of emergency, contact: _____

Allergies or other medical conditions: (specify child) _____

Do you attend church or Sunday School? _____ If so, where? _____

May we have permission to photograph your child? Yes No

May we have permission to use the photographs on social media? Yes No

Signature of Parent/Guardian: _____