



Ebenezer  
Baptist  
VBS 2018  
June 18-22

## REGISTRATION FORM

NAME \_\_\_\_\_

AGE \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

GRADE JUST COMPLETED \_\_\_\_\_

\*ALLERGIES (especially to food) \_\_\_\_\_

\*ANY IMPORTANT MEDICAL INFO: \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

PERSON(S) PICKING CHILD UP \_\_\_\_\_

CHURCH YOU ATTEND \_\_\_\_\_

GUEST OF (if invited to our VBS) \_\_\_\_\_

I give my permission for my child to be photographed during Ebenezer Baptist's VBS. Photographs may be used for promotional material, but children will not be identified.