

VBS REGISTRATION

First Baptist Church of North Augusta
June 17 – 20 | 9 am – 12 pm
3K-Grade 5

For VBS Staff Use 2019
Grade _____
Room _____

Parent/Guardian _____

Email address _____

Mobile Phone _____

Child's Name _____

Grade during 2018-2019 school year. Please circle one:

3K 4K 5K 1st 2nd 3rd 4th 5th

Date of Birth ___/___/___ (Must have turned 3, 4, or 5 by September 1, 2018)

Please list any allergies your child has or any other medical information we should be aware of:

List the full name of other kids that your child would like to be on the same team with and we will try to accommodate your request. However, we cannot guarantee that all requests will be met.

Authorized Pick Up List: Please list the names of any adults that will be allowed to pick up your child(ren) each day. Adults will be asked to show their ID every day when picking up your child(ren)

Name _____ Number _____

Name _____ Number _____

Name _____ Number _____

Photos may be used for promotion, social media, church bulletins boards, etc. **May we have permission to photograph the children listed on the front and back of this form?**

___ **Yes** - I understand that pictures will be taken, both individually and group and might be posted on Facebook and/or other social media & publications

___ **No** - I prefer for pictures of my child not to be taken. I understand that FBC will do their best not to photograph my child, but cannot guarantee against the possibility of my child being photographed if they are in a large group setting or in a crowd of children.

Register Additional Children On The Back!

CHILD #2 _____

Grade during 2018-2019 school year. Please circle one:

3K 4K 5K 1st 2nd 3rd 4th 5th

Date of Birth ___/___/___ (Must have turned 3, 4, or 5 by September 1, 2018)

Please list any allergies your child has or any other medical information we should be aware of:

List the full name of other kids that your child would like to be on the same team with and we will try to accommodate your request. However, we cannot guarantee that all requests will be met.

CHILD #3 _____

Grade during 2018-2019 school year. Please circle one:

3K 4K 5K 1st 2nd 3rd 4th 5th

Date of Birth ___/___/___ (Must have turned 3, 4, or 5 by September 1, 2018)

Please list any allergies your child has or any other medical information we should be aware of:

List the full name of other kids that your child would like to be on the same team with and we will try to accommodate your request. However, we cannot guarantee that all requests will be met.

CHILD #4 _____

Grade during 2018-2019 school year. Please circle one:

3K 4K 5K 1st 2nd 3rd 4th 5th

Date of Birth ___/___/___ (Must have turned 3, 4, or 5 by September 1, 2018)

Please list any allergies your child has or any other medical information we should be aware of:

List the full name of other kids that your child would like to be on the same team with and we will try to accommodate your request. However, we cannot guarantee that all requests will be met.