

2019 VBS REGISTRATION (PLEASE FILL IN ALL BLANKS)

CHILD

PARENT(S)

Last _____

Last _____

First _____

First _____

Age _____ DOB _____

Address _____

Grade Entering _____ Phone _____

City _____

ALLERGY/SPECIAL INFO _____

State _____ Zip _____

E-Mail _____

Guest of _____

Emergency Contact _____

Church Affiliation _____

Authorized Person(s) to take your child from premises _____

May we use your child's picture in IBC publications, bulletin, website (www.ibcbr.org), or craft project? Yes _____ No _____

May we take your child's picture for our bulletin and a craft project _____

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