

REGISTRATION FORM

Child's Name _____

Parent/Guardian Name _____

Address _____

(street address, city, state, and zip code)

Mailing Address (if different) _____

Phone Numbers

Home _____

Work _____

Cell _____

Email _____

Age Information

Birth date _____ Last grade completed in school _____

Medical Information

Medical or other information we need to know. (Please include any food allergies.)

Emergency Contacts (other than listed above)

Name _____ Phone number _____

Name _____ Phone number _____

Dismissal Information

Who may pick up your child at the end of each VBS day?

Other Information

Does your child attend Sunday School? If so where?

If your child is visiting our church, who is he a guest of?

By signing below I am giving permission to have my child's photo or video taken June 17-21, 2019 used in publications and/or placed on our website.

Parent/Guardian Signature _____



FIRST BAPTIST
Fair Oaks

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