



VBS 2025 CHILD REGISTRATION

Child's Name (one form per child): _____

Grade Just Completed: _____ Birthday: _____ Age: _____

Parents Name: _____

Home Address: _____

Parents Best Contact Number: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____ Relationship to Child: _____

Food Allergies: [☐]Yes [☐] No If yes, list: _____

Medical Concerns: [☐]Yes [☐] No If yes, list: _____

Family Doctor: _____ Doctor's Phone: _____

Siblings attending VBS:

1. Name: _____ Age: _____

2. Name: _____ Age: _____

3. Name: _____ Age: _____

4. Name: _____ Age: _____

5. Name: _____ Age: _____

Current Church Affiliation: _____ Church Member: _____

Person Authorized to Pick-up Child/children from VBS

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Marshes of Glynn Baptist Church volunteers have my permission to photograph/film the minor child designated on this form for any lawful purpose associated with the VBS program. [☐]Yes [☐]No

Parent Signature: _____ Date: _____