

GAME ON! VBS 2018
Church of the Resurrection
Chesterfield, MO 63017
July 9 – 13, 9:00 AM – 12:00 Noon
(Ages 3 years to 5th Grade 2018-2019)



Registration Form (One form per child please!)

Child's Name: _____

Parent/Guardian Name: _____

Address:

Mailing Address: *(if different)*

Phone Numbers:

Home: _____
Work: _____
Cell: _____
Email: _____

Age Information:

Age: _____
Grade (2018 -2019): _____
Birth date: _____

Medical Information:

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

Emergency Contacts (other than listed above):

Names, Phone numbers, Relation to Child (example: grandparent. Friend)

Dismissal Information:

Who may pick up your child at the end of each VBS day? (Please list all.)

Other Information:

Does your child attend Sunday school? If so where?

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

May we have permission to photograph your child? (Please Circle) Yes No

May we have permission to use your child's photograph for the purpose of promotion? (Please Circle) Yes No