



VBS 2019 Registration Form
June 10-14 | 6:00 to 8:45 pm

FREE DINNER SERVED NIGHTLY

Return this form to the address at the bottom of the page.



STUDENT INFORMATION

Name: _____

Date of birth: _____ Age: _____ Last school grade completed: _____

Special Needs, Allergies, Other Information: _____

Name(s) of person(s) who may pick up this child from VBS: _____

PARENT/FAMILY/GUARDIAN INFORMATION

Name: _____

Street Address: _____

City, State, Zip: _____ Email: _____

Phone Numbers: Home _____ Cell _____

EMERGENCY CONTACT INFORMATION

(if unable to contact parent/guardian listed above)

Name: _____ Phone: _____

Name: _____ Phone: _____

Photo Release: Monrovia Christian Church/VBS ___ has my permission ___ does not have my permission to use my child's photograph publicly in VBS materials. I understand the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian signature: _____ Date: _____

