

VBS Registration Form

Name: _____ M / F

Street: _____ City: _____ Zip: _____

Parent/Guardian: _____

Home Phone: _____ Emergency #: _____

Birth date: _____ Grade Completed: _____ or Year Entering Kindergarten 2009 2010 2011

Food Allergies / Medical Concerns: _____

Your child may be dismissed to (List all): _____

Family Church: _____

T-shirt Size: Youth Sizes 2-4 6-8 10-12 14-16 Adult Sizes: S M L XL

Special Requests: _____

Last Name: _____
First Name: _____

Photo/Video Release

I / we hereby grant permissions to Crossroads United Methodist Church to use any photographs/video recordings in publication, including their website, without further consideration, and I / we acknowledge the Church's right to crop or treat the photographs/video recordings at its discretion. I / we also acknowledge that the Church may choose not to use any photos/video recordings at this time, but may do so at its own discretion at a later date.

(Please sign Parent's/Guardian's Full name)

(date)

Office Use: Check # _____ or Cash # & Type _____	Class Assignment
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