



REGISTRATION FORM

Print this form and either mail it or drop it off at
1108 Columbia Avenue, Fircrest, WA 98466

Child name: _____ Parent guardian name: _____

Address: _____

Street: _____

City: _____ State: _____ Zip: _____

Contact Info

Home Phone: _____ Cell Phone: _____

Email Address: _____

Age: (birth date for preschoolers or last grade completed in school) _____

Medical information (medical or other information we need to know, including food allergies):

Emergency contacts

Name _____ phone _____

Name _____ phone _____

Dismissal info (who may pick up your child after each VBS day?) _____

Other information

Do you attend Sunday school? _____ If so where? _____

If you are visiting church who are you a guest of? _____

May we have permission to photograph your child? yes no _____

May we have permission to use your child's photograph in church publications for the purpose of promotion of church activities? yes no _____

T-shirt size: small med large xlarge? _____