



# 2019 VBS Registration Form

Student's Name(s): \_\_\_\_\_ Age/grade: \_\_\_\_\_  
\_\_\_\_\_ Age/grade: \_\_\_\_\_  
\_\_\_\_\_ Age/grade: \_\_\_\_\_

Parent/Family/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone Numbers Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Home Church \_\_\_\_\_

Friends of your child at PLBC \_\_\_\_\_

Special Needs/Allergies/Medical Information for child(ren): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Emergency Contacts

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent / Guardian signature: \_\_\_\_\_

*By signing this form, I also give permission for PLBC to use any photos taken of my child(ren) on their promotional materials and online media.*