

FIRST BAPTIST CHURCH
306 South 10th Street
Pflugerville, Texas 78660
512-251-3052
website: www.fbcprville.org



VACATION BIBLE SCHOOL REGISTRATION
June 11-15, 2012
Monday - Friday
8:45 AM - 12:15 PM
Kinder-Grade 6 (Must Be Age 6 Before Sept. 1)

Learner's Name: _____
(first) (last)

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (ex: 555-555-555): _____ - _____ - _____

Work Phone: (ex: 555-555-555): _____ - _____ - _____

Cell Phone: (ex: 555-555-555): _____ - _____ - _____

Email: _____

Birthdate: (ex: 08-08-2008): _____ - _____ - _____

Medical Info / Allergies: (Please list your child's special medical needs, allergies, other special needs:

Health Insurance Co. & Policy Numbers: _____

2011-2012 School Grade Completed: _____ *Preschool Child's Age _____ *(Children of VBS Staff Only)

Emergency Contact Name (1): _____

Emergency Contact Phone (1) : (ex: 555-555-555): _____ - _____ - _____

Emergency Contact Name (2): _____

Emergency Contact Phone (2): (ex: 555-555-555): _____ - _____ - _____

Authorized Pickup #1 _____

Authorized Pickup #2 _____

Are you a member of this church? Yes No (circle one)

Guest of: _____

Do you attend another church? Yes No (circle one)

If so, where? _____

May we have permission to photograph your child? Yes No (circle one)

May we have permission to use your child's photograph in church publications? Yes No (circle one)

Comments:

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Gender: Male Female (circle one)

RELEASE / PERMISSION CLAUSE: By submitting my child's registration form, I hereby give permission for my child to participate in VBS at First Baptist Church Pflugerville. (We) the undersigned parent(s) or guardian(s) of the above applicant, do hereby release and discharge the FIRST BAPTIST CHURCH OF PFLUGERVILLE, TEXAS and its representative and staff from all liability of any kind, upon any claim or course of action which might be asserted in behalf of said minor against said church, representatives or staff. Furthermore, in the event of an accident, if staff is unable to contact a parent or guardian, I (We) hereby grant permission to the said staff to administer necessary first aid and/or to take applicant to the nearest hospital or medical facility for additional treatment.



Must Be Signed by Parent or Legal Guardian: _____ Date: _____