



Student Registration Form

Parent & Emergency Contact Info

Parent Name

Full Address

City State Postcode

Church you attend

E-Mail

Mobile Number

Emergency Contact Name Mobile Number

Please list those authorized to pick up your child from VBS

Student Information

Student #1 Name Date of Birth / / Gender M F

Grade Completed Kindergarten 1st 2nd 3rd 4th 5th

Please list any allergies or medical concerns for Student #1

Student #2 Name Date of Birth / / Gender M F

Grade Completed Kindergarten 1st 2nd 3rd 4th 5th

Please list any allergies or medical concerns for Student #2

Student #3 Name Date of Birth / / Gender M F

Grade Completed Kindergarten 1st 2nd 3rd 4th 5th

Please list any allergies or medical concerns for Student #3

Student #4 Name Date of Birth / / Gender M F

Grade Completed Kindergarten 1st 2nd 3rd 4th 5th

Please list any allergies or medical concerns for Student #4

Photo Policy

I hereby grant permission for _____ (church name) to record sounds, images, or video of my

child(ren). _____ (name(s)) while attending Super

Saints, Heroes of Our Faith. I also give permission for _____ (church name) at its sole

discretion, to use these sounds, images, or videos in publications (including print, websites, and social media

platforms) owned by _____ (church name) in relation to this Vacation Bible School program.

Initials: _____

Payment & Signature Section

Please confirm how many students you registered on the other side of this sheet. Indicate by your signature that you agree to pay and will include payment in the envelope with this registration.

1 child for \$____ 3 children for \$____

2 children for \$____ 4 children for \$____

Signature: _____

Office Use Only

Amount Paid

Comments

Date Received