



2019 VBS Registration Form

Monday, June 3—Friday, June 7
6:30 p.m.—8:30 p.m.

Name _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____

Email Address _____

Children's Section Only: *(One child per application please)*

Date of Birth (M/D/Y) _____ / _____ / _____

Grade Completed _____ Age _____

Parent/Guardian _____

Emergency Contact Name _____

Emergency Contact Phone _____

Special Needs/Allergies _____

Transportation Needed: ___ yes ___ no

I represent that I am the legal guardian of _____ (child), and I hereby give Providence Community Baptist Church the right and permission, with respect to photographs and video taken of my child, or in which my child may be included with others, to use, re-use, publish and re-publish the same in whole or in part, severally or in conjunction with other photographs, in any medium and for any purpose whatsoever including illustration, promotion and advertising, and trade (excluding anything illegal or immoral).

Signature: _____

Class Assignment: *To be completed by Church*

Class _____ **Teacher** _____



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