

# Vacation Bible School Registration Form

## Cloverleaf Baptist Church

Child's Name, Parent/Guardian Name \_\_\_\_\_

Address (*street address, city, state, and zip code*) \_\_\_\_\_

Mailing Address (*if different*) \_\_\_\_\_

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

Email address (optional) \_\_\_\_\_

Age Information: Date of birth \_\_\_\_\_ Last grade completed in school \_\_\_\_\_

### Medical Information

Medical or other information we need to know. (Please include any food allergies.)

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### Emergency Contacts (other than listed above)

Names & Phone numbers

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### Dismissal Information

Who may pick up your child at the end of each VBS day?

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### Other Information

Does your child attend Sunday School? If so where? \_\_\_\_\_

If your child is visiting our church, who is he a guest of? \_\_\_\_\_

May we have permission to photograph your child? Yes \_\_\_\_\_ No \_\_\_\_\_

May we have permission to use your child's photograph for the purpose of promotion? Yes \_\_\_\_\_ No \_\_\_\_\_

**Mail registration form to: Cloverleaf Baptist Church, 4401 Manslick Rd, Louisville KY 40216**