

# INDIVIDUAL REGISTRATION FORM

Higher Things® VBS

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## Child's Information

\_\_\_\_\_  
Last First MI Date of Birth  Male  Female

\_\_\_\_\_  
Street Home Phone Cell Phone

\_\_\_\_\_  
City ST Zip Registrant E-mail Address

Child has attended a VBS at this church before.

Pre-K  Kinder  1st  2nd

3rd  4th  5th  6th

Child has a disability/medical conditions/dietary special need:

Indicate above which grade the Registrant will be **going into**.

\_\_\_\_\_  
*(Please only include special needs that would be important and/or dietary requirements.)*

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

\_\_\_\_\_  
Street City/ST Zip Denomination

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## Parent/Guardian Section (required all minor participants)

\_\_\_\_\_  
First Last Home Phone Parent's Cell Phone

\_\_\_\_\_  
Address (if different from above.) City ST Zip Parent's E-mail Address

I grant permission for my minor child, named above on this form as "Registrant," to attend the Higher Things VBS at \_\_\_\_\_, I assume all responsibility and liability for injury to said minor while at the Higher Things VBS. I also give permission to use any still, audio, and/or video images of my child in publicity and news releases.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

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## Emergency Contact

\_\_\_\_\_  
First Last Cell Phone Relationship to child

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## Who May Pick Up Child

\_\_\_\_\_  
First Last Cell Phone Relationship to child

\_\_\_\_\_  
First Last Cell Phone Relationship to child

\_\_\_\_\_  
First Last Cell Phone Relationship to child

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