

# North Shelby Baptist Church VBS Registration



**June 12<sup>th</sup>-16<sup>th</sup>**

**9:00 a.m. -12:00 p.m.**

**Child's Name:** \_\_\_\_\_ **Male** **Female**

**Parent/Guardian Name:** \_\_\_\_\_

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

**My child would like to be put in a group with:** \_\_\_\_\_

## **Phone Numbers**

**Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_

## **Age Information**

**Birth date:** \_\_\_\_\_ **Last grade completed in school as of 6/1/23** \_\_\_\_\_

## **Medical Information**

**Medical or other information we need to know. (Please include any food allergies or special needs.)** \_\_\_\_\_

\_\_\_\_\_

## **Emergency Contact** (other than listed above)

**Name:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

## **Dismissal Information**

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

## **Other Information**

**Church currently attending** \_\_\_\_\_

**May we have permission to photograph your child? (Child's name will NOT be published.)** **Yes** **No**

**May we have permission to use your child's photograph for the purpose of promotion? (Child's name will NOT be published.)** **Yes** **No**

**T-Shirt Size (circle one):** YXS YS YM YL YXL AS AM AL AXL

**Please this form to the Church Office, Children's Check-In Desk or mail to: NSBC KIDS, 1400 Belcher Drive, Birmingham, AL, 35242**