



OFFICE USE ONLY

Grade _____ Color _____

VBS Registration June 26-30, 6:00pm-8:30pm Entering K through 5th Grade

1. Child Registration

First Name _____ Last Name _____ Gender M / F

Birth Date ____/____/____/ (must be age 5 by 9/1/23) Grade Entering Fall 2023 _____ (K-5th only)

Please let us know of any allergies, concerns or special considerations:

2. Parent/Guardian Information*

Parent/Guardian Name _____

Mobile _____ Email _____

Address _____ Apt _____ City _____ State _____ Zip _____

Name of home church _____

3. Medical and Media Release

I, the parent and/or legal guardian of the above named minor, do hereby appoint Cypress Bible Church to act on my behalf in authorizing emergency medical, dental, surgical care and/or hospitalization for the above named minor in the event I cannot be reached. I agree to be financially responsible for all such treatment. I agree that photos and videos of my child/children may be used on the church website, promotional material, and social media of Cypress Bible Church.

Parent/Guardian Signature _____ Date _____

* If the child above is a friend/guest that YOU are bringing to VBS and you are NOT the parent of this child.

Your Name _____ Mobile Number _____

Bring this form with you to the registration desk before VBS. 5:30pm-6:00pm