

VBS Registration Form

Coshocton Baptist Church

Child's Name: _____

Parent/ Guardian Name: _____

Mailing Address: _____

City/Zip: _____

Phone Numbers Child's Date of Birth: _____

Home #: _____ Child's Current Grade: _____

Cell #: _____ May we have permission to photograph your
child? Yes / No

Work #: _____ May we use these photographs for the
purpose of promotion? Yes / No

E-Mail: _____

Emergency Contacts

Name: _____ Phone #: _____ Relation: _____

Name: _____ Phone #: _____ Relation: _____

Medical Information: Medical or other information we need to know about
your child _____

Is your child coming back in September to AWANA? Yes/No

Parent/ Guardian Signature: _____