



First Baptist Church Buda VBS Registration Form

June 2-5, 2025 8:30 am – Noon

**Child must be 4 years old on or before
September 1, 2024 to attend.**

Child's Name: _____

Parent/Guardian Name: _____

Address: _____ City, State, Zip _____

Mailing Address (if different): _____

Parent/Guardian Cell#: _____ Work#: _____ Home#: _____

E-mail: _____

Child's Information:

Birth Date: _____ Last Grade Completed in School: _____

Medical information that we need to know. Please include any **food allergies**:

Emergency Contacts (other than those listed above):

Name & Relationship to Child: _____ Phone #: _____

Name & Relationship to Child: _____ Phone #: _____

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

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Other Information – What can you tell us about your child that will help us meet his/her needs? _____

Does your child attend church? If so, where? _____

May we have permission to photograph your child? Yes ____ No ____

Photos will be used in VBS presentations.

Medical Emergency Consent Form

Child's Name: _____

Please Print – First and Last Name

I, (Parent/Guardian's Name)

_____ understand that the above-named child may participate in physical activities such as those held in recreation time. I understand that with any physical activity, there is a risk of injury. I fully accept this risk and do not hold any legal liability to: First Baptist Church Buda and/ or any persons involved in conducting Vacation Bible School at First Baptist Church Buda.

In the event of an emergency that requires medical treatment for the above-named child. I understand that every effort will be made to contact me or my emergency contact. However, if I cannot be reached, I give my permission to a VBS director/leader to secure the services of a licensed physician or qualified medical emergency professional to provide the necessary care for my child. I assume full responsibility for all costs connected to any accident or treatment of my child.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian