



**First Baptist Church—Buda
2024 VBS Registration Form
June 3-6, 2024 ~ 8:30 a.m. ~ noon daily**

**Child MUST be 4 years old on or before
September 1, 2023 to attend.**

Child's Name: _____

Parent/Guardian Name: _____

Address: _____ City, State, Zip _____

Mailing Address (if different): _____

Parent/Guardian Home Number: _____ Work Number: _____

Parent/Guardian Cell Number: _____

E-mail: _____

CHILD'S INFORMATION:

Birth Date: _____ Last grade completed in school _____

Medical information that we need to know—please also include any food allergies:

Emergency Contacts (other than those listed above):

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Dismissal information—who may pick up your child at the end of each VBS day?

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

OTHER INFORMATION:

What can you tell us about your child that will help us meet their needs? _____

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

*(It will **NOT** be used on social media)*