



REGISTRATION FORM

(One per Child)

Child's Name: _____ Child's gender: _____

Child's age: _____ Date of birth: _____ Last school grade completed: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ Zip: _____

Home telephone: (_____) _____

Parent/Caregiver's cellphone: (_____) _____

Email address: _____

Home church: _____

Allergies, medical conditions, or special needs: _____

In case of an emergency, contact: _____

Phone: _____ Relationship to child: _____

PHOTO RELEASE Permission to Use Photograph(s)

_____ I hereby grant Ogden Presbyterian Church, or other churches connected with VBS, the right to take photographs of my child and to use them on social media, on their websites (no names will be used), or for worship purposes on VBS Sunday.

_____ I DO NOT grant Ogden Presbyterian Church, or any other church, the right to take photographs of my child.

I have read and understand the above:

Printed name of Parent/Guardian _____

Signature _____

Name of Child(ren) _____

Date _____