

## Autumn Creek Baptist Church VBS 2026 Registration

Child's Name: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Child's Address: \_\_\_\_\_ Parents Email: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Best Contact: Facebook (Circle one) Email Phone Text

Date of Birth: \_\_\_\_\_

Grade most recently completed: \_\_\_\_\_ (if not in school yet, list child's age) \_\_\_\_\_

Belong to a church? \_\_\_\_\_ Which one? \_\_\_\_\_

Parent or Guardian	Name	Home Phone	Work Phone	Cell Phone
Father				
Mother				

The individuals listed below may be contacted if the above-named child becomes ill or injured and the parent or guardian cannot be reached. These individuals may also be contacted in the event my child must be picked up from a club meeting due to behavior if I am unable to be reached.

Emergency Contact Name	Relationship to Child	Home Phone	Work Phone	Cell Phone

Primary Doctor: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

Serious Medical Problems/Conditions (List any Allergies)

Does your child take any medications (List name, dose, and times) \_\_\_\_\_

Insurance Policy Holder: \_\_\_\_\_ Name of Policy: \_\_\_\_\_

\*I give Autumn Creek Baptist Church permission to seek medical attention for my child in the event of illness or injury, if I or any above-named persons are unable to be reached.

\*I will not hold Autumn Creek Baptist Church, or its representatives liable in the event of injury to my child.

\*My child has permission to participate in VBS Games, activities and snack time. If my child has any allergies I have stated those allergies on this document.

\*I understand that if my child is behaving non-Christianly, he/she will be removed from the VBS and remain with the person in charge for the rest of that session or parent may be called to pick child up. I understand that this will only affect my child for that session and that he/she is welcome to return to VBS the following day.

\*I understand that for the safety of my child he/she must wear tennis shoes to participate in game time.

Yes \_\_\_\_\_ No \_\_\_\_\_ I give permission to ACBC for my child's photo, video image, and/or artwork to be displayed *at the church or on the church website*.

Signature of Parent/Guardian \_\_\_\_\_

Date: \_\_\_\_\_