

Ketha Heights Baptist Church  
VBS Registration Form

Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Do you attend church regularly? Yes No Where \_\_\_\_\_

First Name of Child

Grade Going into

Birth Month/Day

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Emergency Contact/phone \_\_\_\_\_

2<sup>nd</sup> Emergency Contact/phone \_\_\_\_\_

Who will be picking up child(ren) \_\_\_\_\_

Allergies/Medical Concerns \_\_\_\_\_

Is photography of child(ren) allowed? Yes No