

WE BELIEVE Vacation Bible School

Diocese of the Armenian Church of America (Eastern)

INDIVIDUAL REGISTRATION FORM

Child's Information

Last _____ First _____ MI _____ Date of Birth _____ Male Female

Street _____ Home Phone _____ Cell Phone _____

City _____ ST _____ Zip _____ Registrant E-mail Address _____

- Child has attended a VBS at this church before. Pre-K Kinder 1st 2nd
 3rd 4th 5th 6th
 Child has a disability/medical conditions/dietary special need: *Indicate above which grade the Registrant will be **going into**.*

(Please only include special needs that would be important and/or dietary requirements.)

Church Name _____ Church Phone _____ (pre-filled)

Armenian Apostolic

Street _____ City/ST _____ Zip _____ Denomination _____

Parent/Guardian Section (required all minor participants)

First _____ Last _____ Home Phone _____ Parent's Cell Phone _____

Address (if different from above.) _____ City _____ ST _____ Zip _____ Parent's E-mail Address _____

I grant permission for my minor child, named above on this form as "Registrant," to attend the VBS at _____ . I assume all responsibility and liability for injury to said minor while at the WE BELIEVE Vacation Bible School. I also give permission to use any still, audio, and/or video images of my child in publicity and news releases.

Parent's Signature _____

Date _____

Emergency Contact

First _____ Last _____ Cell Phone _____ Relationship to child _____

Who May Pick Up Child

First _____ Last _____ Cell Phone _____ Relationship to child _____

First _____ Last _____ Cell Phone _____ Relationship to child _____

First _____ Last _____ Cell Phone _____ Relationship to child _____