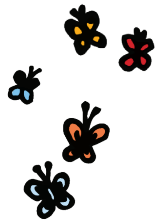




PARTICIPANT REGISTRATION FORM



Bound Brook Presbyterian Church
409 Mountain Ave, Bound Brook, NJ 08805
contact: (732) 356-3575 Lisette@bbpc.org

Name: _____

Nickname: _____

Date of Birth: _____ Upcoming school grade this Fall: _____

Siblings attending VBS: _____

Home congregation (if any): _____

Please list any allergies (including food allergies) VBS staff should be aware of:

Does your child have one or more peers attending VBS who they'd like to be with? If so, list them here:

Parent/Guardian 1 Name: _____

Address: _____

Home phone: _____ Cell phone: _____

Email address: _____

Parent/Guardian 2 Name: _____

Address: _____

Home phone: _____ Cell phone: _____

Email address: _____

In case of emergency, contact person if parent/guardian cannot be reached:

Name: _____

Phone number(s): _____ Relationship to Participant: _____

Person/people who will pick up participant at the end of the VBS day:

Name(s): _____ Phone number(s): _____

We love it when caregivers volunteer! Please indicate below if you would like to help:

☐ I can volunteer during all the days of VBS

☐ I can volunteer on the following days: _____

☐ I can volunteer to help with set up or tear down of VBS

☐ I am unable to volunteer

Throughout VBS, we may take videos or photos of the kids in action. We only share photos and videos of kids who have a signed Media Release Form. Check here if you have signed the Media Release Form for your child. _____

We are so excited to have your child at VBS! Is anything you would like to us to know so we can make sure they have the best week possible?



Parent/Guardian Signature:

Date:

For office use only

The VBS team will use this section to assist with any organizational needs such as recording small group information, tracking receipt of the Media Release Form, and additional information.





PARTICIPANT REGISTRATION FORM

Use this customizable form to record important information about each Vacation Bible School Participant.



Name: _____

Nickname: _____

Date of Birth: _____ Upcoming school grade this Fall: _____

Siblings attending VBS: _____

Home congregation (if any): _____

Please list any allergies (including food allergies) VBS staff should be aware of:

Does your child have one or more peers attending VBS who they'd like to be with? If so, list them here:

Parent/Guardian 1 Name: _____

Address: _____

Home phone: _____ Cell phone: _____

Email address: _____

Parent/Guardian 2 Name: _____

Address: _____

Home phone: _____ Cell phone: _____

Email address: _____

In case of emergency, contact person if parent/guardian cannot be reached:

Name: _____

Phone number(s): _____ Relationship to Participant: _____

Person/people who will pick up participant at the end of the VBS day:

Name(s): _____ Phone number(s): _____

We love it when caregivers volunteer! Please indicate below if you would like to help:

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Parent/Guardian Signature:

Date:

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The VBS team will use this section to assist with any organizational needs such as recording small group information, tracking receipt of the Media Release Form, and additional information.

