VIS RECISTRATION JULY 27-31 / 9am-noon



Please complete one form per child, both sides.

Child's Name:_	Name:Birth Date:							
Circle Grade Jo [To enroll for VBS					2nd	3rd	4th	5th
T-Shirt Size: _	irt Size: (YXL —Youth Extra Large, YL - Large, YM - Medium, YS - Small)							
Parent's Name	9 \$:							
Address:								
#			City			Zi	p	
Phone #1:		Phone #2:						
E-mail Address	i:							
Emergency Co								
Relation	ship To Child:							
Phone #1:		Phone #2:						
Food allergies	or other med	lical issue	S:					
Family Doctor:				Pho	ne:			
Siblings attend	ling VBS (nam	ne/grade): _		 				
Brought by:			Picke	d up b	y:			
Current church	ı :							
**Friend Place	ment:							
(See back for e								

VBS 2015 PERMISSION TO PHOTOGRAPH

l,	, give permission for					
Brandywine Valley Baptist Church to photograph my child,						
(July 27-31, 2015) for promotional a	_, during Vacation Bible School nd internal use.					
Parent/Guardian Signature	Date					

**FRIEND PLACEMENT: if you would like your child placed in a group with another child, please indicate that child's name and age. While we are not able to make guarantees, we will do our best to honor your request.



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