

**Broadway Alliance Church – TIME LAB 2018 VBS Registration Form (\*Required Information)**

<b>First Name*</b> (legal name)	
<b>Last Name*</b>	
<b>Preferred First Name</b> (if different from legal name)	
<b>Gender*</b>	
<b>Birthdate*</b> (mm/dd/yyyy)	
<b>Current Age</b>	
<b>Grade*</b> (in Fall 2018)	
<b>School Name</b> (in Fall 2018)	
<b>Mailing Address*</b> (number, street, PO Box)	
<b>City*</b>	
<b>State*</b>	
<b>Zip Code*</b>	
<b>Church where family attends*</b>	
<b>Does this child have any food allergies or intolerance?*</b> Enter NONE or list specific allergies, e.g., peanuts, gluten, milk, etc. – IF THIS CHILD HAS FOOD ALLERGIES OR INTOLERANCE, YOU MUST BRING A DAILY SNACK FOR YOUR CHILD.	
<b>Medical Information*</b> (if any, other than food allergies or intolerance)	
<b>Special Needs*</b> (if any, be specific)	

**I AUTHORIZE THE FOLLOWING INDIVIDUALS TO PICK UP THIS CHILD (NOTE: They must be at least 18 years old)**

<b>Full Name (first &amp; last) and Phone Number*</b> (separate each contact with a comma)	
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<b>Permission For My Child To Be Photographed For VBS Slide Show* (Y/N)</b>	(Circle One:)	YES	NO
<b>I Certify That I Am The Parent Or Legal Guardian Of The Child Being Registered And That The Information Submitted Is Complete And Accurate* (Signature)</b>	SIGNED:		
<b>Name Of Parent Or Guardian Completing This Registration Form* (Print)</b>	PRINT:		

**FAMILY CONTACT INFORMATION**

<b>Primary Phone Type*</b> (Cell, Home, Office)	
<b>Primary Phone Number*</b> (including area code)	<b>Number:</b>
<b>Primary Email Address*</b>	<b>Phone Belongs to:</b>
	<b>Address:</b>
	<b>Email Belongs to:</b>

**PARENT OR LEGAL GUARDIAN #1 INFORMATION**

<b>Relationship to Child*</b>	
<b>First Name*</b>	
<b>Last Name*</b>	
<b>Cell Phone*</b> (including area code)	
<b>Living with child?</b> (Y/N)	(Circle One:)                      YES                      NO

**NON-PARENT EMERGENCY CONTACT AND RELEASE INFORMATION**

IN THE EVENT OF AN EMERGENCY DURING VBS, IF A PARENT OR GUARDIAN CANNOT BE REACHED, I AUTHORIZE VBS LEADERSHIP TO CONTACT THE EMERGENCY CONTACTS BELOW AND TO RELEASE THIS CHILD TO THEM.

**Emergency Contact #1 Information**

<b>First Name*</b>	
<b>Last Name*</b>	
<b>Phone*</b> (including area code)	
<b>Relationship to Child*</b>	

**Emergency Contact #2 Information**

<b>First Name*</b>	
<b>Last Name*</b>	
<b>Phone*</b> (including area code)	
<b>Relationship to Child*</b>	