



VBS Registration Form

Knight's Name _____

Parent/Family/Guardian Name _____

Address _____

Email Address _____

Phone Numbers: Home _____ Cell _____ Work _____

Date of birth _____ Age _____ Last school grade completed _____

Home Church (if any) _____

Friends of your child at this church _____

Special Needs/Allergies/Medical Information/Other: _____

Emergency Contacts

Name _____ Phone _____

Name _____ Phone _____

Name(s) of person(s) who may pick up this child from VBS _____

Photo Release: Trinity United Methodist Church/VBS has _____/does not have _____ my permission to use my child's photograph publicly in VBS materials. I understand the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature: _____

----- (for church use only) -----

Assigned to Knight Group: _____

Are family members helping with Knights of North Castle? _____ If yes, where? _____