

Register me for Keepers of the Kingdom!

Child's name _____

Gender: Male ___ Female ___ Birthdate ___/___/___ Grade completed _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian _____

Phone _____ Email _____

Emergency contact _____

Relationship to child _____ Phone _____

Who can pick up your child? _____

Name of home church _____

Food allergies Y ___ N ___ List _____

Medical concerns Y ___ N ___ Explain _____

PERMISSION TO USE IMAGES AND VIDEO

I hereby grant permission for _____
CHURCH NAME

to record sounds, images, or video of my child _____
NAME

while attending *this VBS program*. I also give permission for _____
CHURCH NAME

at its sole discretion, to use these sounds, images, or videos in publications (including print, websites, and social media
platforms) owned by _____
CHURCH NAME

in relation to *this VBS program*.

PARENT/GUARDIAN SIGNATURE

DATE