



**Brownsville Church of the Brethren ❖ 1911 Rohrersville Road, Knoxville, MD 21758**

**301-432-8354 ❖ brownvillecob@myactv.net**

**VBS Registration Form**

**July 10-14th 2017 ❖ 9:00 a.m. -12:00 p.m.**

Child's Full Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Home  
\_\_\_\_\_ Cell  
\_\_\_\_\_ Work

Age: \_\_\_\_\_  
**Grade Completed 2016-17 School Year:**  
(grade level for VBS is level just completed)  
**\*\*No special grade requests, please\*\***  
**Note: 3 & 4 year olds must be potty trained**

**Emergency Contacts:**

Name 1: \_\_\_\_\_

Name 2: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Are these contacts authorized to pick up your child from VBS?

If applicable, please list the name/contact numbers of others who have your permission to pick up your child: \_\_\_\_\_

**May your child be included in photographs/videos of VBS activities?**

**Would you like to receive information about future church programs and activities?**

**Allergies?**

**(Check all that apply)**

- |            |                                 |               |       |
|------------|---------------------------------|---------------|-------|
| bee stings | grass/pollen                    | insect bites  | latex |
| dyes       | wheat/gluten                    | peanut butter |       |
| others?    | <b>If so, please list</b> _____ |               |       |

**Does your child have any other medical condition(s) the staff should be aware of? (If so, please explain below)**

**Please list all siblings/grade levels attending VBS:**

**Please list below anything else we should be aware of:**