



REGISTRATION FORM

(one per child)

Child's name: _____

Child's Age: _____ Date of birth: _____ Last school grade completed: _____
(yrs) (MM/DD/YYYY)

Name of parent(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (_____) _____

Parent/caregiver's cell phone: _____

Home e-mail address: _____

In case of emergency, contact: _____

Relationship to child: _____

Allergies or other medical conditions: _____

Home church: _____

Bayou Crew number (for church use only): _____

***Permission to photograph:**

"By submitting this registration form, I understand that photographs taken during the VBS program may be used by Oak Dale Baptist Church (ODBC) for the purpose of program support and promotions."