



FIRST BAPTIST CHURCH  
2020 North Third Street, Clinton, Iowa  
www.clintonfbc.net

VACATION BIBLE SCHOOL  
REGISTRATION FORM

CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
*City/State/Zip Code*

**EMERGENCY INFO:**

IN CASE OF EMERGENCY CONTACT: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

ANY MEDICAL INFORMATION NEEDED (Such as food allergies, prescriptions etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If medical treatment is needed do we have permission for treatment? YES NO

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PHOTO RELEASE:**

I grant First Baptist Church of Clinton, IA permission to use photographs of my child named above in its publications (newsletters, emails, bulletins, slideshows, etc.)

Parent/Guardian Name (Printed): \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_