

# MOUNTAIN HOME BAPTIST CHURCH

1960 GLENBRIAR DRIVE



## 2025 VBS REGISTRATION FORM

Child's Name \_\_\_\_\_ Child's Birth Date \_\_\_\_\_

Last Grade Finished (Circle) K 1 2 3 4 5 6

Father \_\_\_\_\_ Cell/Home Phone \_\_\_\_\_

Mother \_\_\_\_\_ Cell/Home Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Other Emergency Contacts (at least one)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

If other than parents: Who may pick up your child at the end of each VBS day?

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Child's Medical or Other Information we need to know. **Please include any food allergies.**

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Does your family/child attend church? If so, where? \_\_\_\_\_

If your child is visiting MHBC, who is he a guest of? \_\_\_\_\_

May we have permission to photograph your child? (Circle) Yes No

May we use your child's photograph for the purpose of promotion? (Circle) Yes No