

First Christian Church

Vacation Bible School

July 26-30, 2015; 5:00pm-8:15pm

115 S. Glenbrook, Garland, TX 75040



2015 VBS Registration

Age 4 thru 5th Grade

Child's Name: _____ Child's Gender: _____

Child's Age: _____ Date of Birth: _____ Last School Grade Completed: _____

Name of Parent(s)/Guardian(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Parent(s)/Guardian(s) Telephone: (home) _____ (cell) _____

Home Email Address: _____

Home Church: _____

Crew Number or Name (for church use only): _____

I understand that as a participant in FCC Garland VBS, my child may be photographed or videotaped during VBS events. I also understand that these may be used in presentation and promotional materials through a variety of media, including, but not limited to the church website, newsletters, bulletins, flyers, etc. I release FCC Garland from any and all liability.

Photo Release: _____ Yes, I authorize the photo usage of my child

Allergies or other medical conditions: _____

In case of emergency, contact: _____

Phone: _____

Relationship to child: _____

