FMC VBS 2024 REGISTRATION

Child/Attendee Information:

First Name:	Las	st Name:	
` ,	Date () Medium () Large () Medium () Large	diving into friendship with god	
Parent/Family/Guardian	Name: PLEASE PRINT _		
Address			_
Email			_
		Cell Phone	_
Work Phone			
Home Church:			_
EMERGENCY CONTACT			
Name	Phone	Relationship	_
Name	Phone	Relationship	_
Special Needs/Allergies	/Medical Information/Othe	er:	_
DISMISSAL INFORMATI	ON .		-
Name(s) of Person(s) who	ວ may pick up this attendee	e from VBS (ID is required upon pick-up):	
PHOTO RELEASE:			_
who will be attending our	VBS event. Photos may be ng worship service slide sho	ion to post pictures of the child you are registering as posted on the church's Facebook page and displation ow on June 30, 2024. Please check your preference	ayed
YES, I give FMC Mabank permission to include my child's photo.			
NO, I do not give FMC Mabank permission to include my child's photos.			
Signature of Parent/Famil	ly/Guardian:		
		Date	