

2024 Camp Firelight VBS Registration Form



Child's Last Name _____

Child's First Name _____

Date of Birth _____ Age _____ Grade entering in the fall _____

Street Address _____

City & Zip _____

Email address _____

Allergies/Special Needs/ Medical Information _____

Do you have a church home? Yes No

PARENT/GUARDIAN INFORMATION:

Mother's Name _____ Cellular # _____

Father's Name _____ Cellular # _____

In case of emergency if unable to contact parents please contact:

Name _____ Number _____

Persons authorized to pick up child in addition to parents and emergency contact:

Photo Release: Quest Church/VBS has my permission to use my child's photograph publicly in VBS materials. I understand the images may be used in print publications, online publications, websites and social media. I also understand that no royalty, fee or other compensation shall become payable to me for such use of photograph.

Parent Signature & Date