

Student's Name			
Parent/Family/Guardian Name			
Address			
E-mail Address			
Phone Numbers Home	Cell	Work	
Date of birth	Age		
Last school grade completed _			
Home Church			
Friends of your child at this church			
Allergies/Medical Information/Other			
Emergency Contacts			
Name	Phor	10	
Name	Phor	10	
Dismissal Information			
Name(s) of person(s) who may pick up this o	child from VBS		
Other Information (church use only)			
Hero Group			
Are parents/guardians/family members help	oing with VBS Hero Cer	ntral?	
If yes, where?			
I give Farmington Presbyterian Chu		rmission to use my chil	d's picture(s)
	in publications		