



# Student Registration Form

Student's Name \_\_\_\_\_

Parent/Family/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ School grade completed in June 2026 \_\_\_\_\_

Day – Month – Year

Home Church (if any) \_\_\_\_\_

Friends of your child at this church \_\_\_\_\_

Special Needs/Allergies/Medical Information/Other: \_\_\_\_\_

\_\_\_\_\_

## Emergency Contacts

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

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

Name(s) of person(s) who may pick up this child from VBS \_\_\_\_\_

\_\_\_\_\_

**Photo Release:** Queensway Church/VBS has my permission to use my child's photograph within the church for the VBS slideshow. I understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

Parent/Guardian's approval: \_\_\_\_\_ YES \_\_\_\_\_ NO

Parent/Guardian PRINT name \_\_\_\_\_ Date \_\_\_\_\_

----- (FOR CHURCH USE ONLY) -----

Assigned Group: \_\_\_\_\_

Are family members helping with VBS? \_\_\_\_\_ If yes, where? \_\_\_\_\_