



Total # of Students: _____

Below for PGBC Office use only:										PGBC VBS Staff Notes:				
Tee Shirt Sizes:		XS	S	M	L	XL	2X					_____		
Grades:		P-K	K	1	2	3	4	5	6	7	_____			

Parent/Guardian Information											
Parent/Guardian 1					Parent/Guardian 2						
Home Address:					Street		City		State	Zip Code	
Mailing Address:					<i>Only if Different From Above</i>		City		State	Zip Code	
Phone Home		Work		Cell			Email				

Emergency Contacts: <i>Other Than Parent/Guardian Listed Above</i>					
Name		Phone Number	Name		Phone Number

Dismissal Information: <i>Who may pick up your child at the end of each VBS day?</i>					
Name		Phone Number	Name		Phone Number

Student Information									
	Child 1		Child 2		Child 3		Child 4		
First Name:									
Last Name:									
Birthdate:									
Shirt Size:	Youth	Adult	Youth	Adult	Youth	Adult	Youth	Adult	
Medical/Allergies:									
Medical Details:									
Last Grade:									
Does your child attend Sunday School?	Yes	No	Yes	No	Yes	No	Yes	No	
If so, where:									
Guest of:									
Photo Consent:	Yes	No	Yes	No	Yes	No	Yes	No	
Photo Promo. Consent:	Yes	No	Yes	No	Yes	No	Yes	No	