



First Baptist Church Montgomery 2025 VBS Registration Form

June 23-27 :: 9:00 AM to Noon
ages 4 through 6th grade

(Child must have turned 4 by September 1, 2024 to attend VBS.)

Child's Information

Child's Name: _____ Gender: Male _____ Female _____

Birth date: _____ Last grade completed in school: _____

Street Address: _____

City, State, and Zip Code: _____

Parent/Guardian Information

Parent/Guardian #1: _____

Parent/Guardian #2: _____

Email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Medical Information

Medical or other information we need to know. (Please include any food allergies. If child has allergies, please pack an appropriate snack.)

Emergency Contacts (other than listed above)

Name _____ Phone number _____

Name _____ Phone number _____

If medical care is necessary, do you hereby authorize a representative of FBC to treat or have treatment given to you child(ren)? ____Yes ____No

Dismissal Information

Authorized Pick Up #1: _____

Authorized Pick Up #2: _____

Other Information

Does your child attend Church? If so where? _____

May we have permission to photograph your child? Yes____ No____

May we have permission to use your child's photograph for the purpose of promotion? Yes ____ No ____