



First Baptist Church, Oswego, Kansas Registration Form 2015

Child's Name _____ Age _____ Grade (completed) _____

Address _____ City _____ St _____ Zip _____

Phone: Home _____ Cell _____ Email _____

Parent Contact _____
Name Phone

Parent Contact _____
Name Phone

Emergency Contact (other than parent) / persons who may pick up this child up from VBS:

Name	Phone	Relationship
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Name	Phone	Relationship
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Medical information/allergies we need to know about _____

I give permission for my child's picture to be taken for ___ Class projects ___ Facebook ___ Church Website

Parents signature _____ Date _____