



## Child Registration and Consent Form

Child's Name: \_\_\_\_\_

Birthday \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Age: \_\_\_\_\_

\_\_\_\_\_

Print Parent/Guardian' Name: \_\_\_\_\_

Home Phone ( ) - (Cell) ( ) -

In Case of Emergency, Contact:

\_\_\_\_\_

Does this child have any medical needs we should be aware of?

\_\_\_\_\_

Does this child have any food allergies we should be aware of?

\_\_\_\_\_

### Parent/Guardian Consent

\_\_\_\_\_ has my permission to participate in VBS 2010.  
(Name of Child)

I freely grant Christian Heritage Ministries permission to use any pictures or video material that is taken at this program in which my child, or the child I am responsible for, may appear. I understand that such pictures or video will be used exclusively by *Christian Heritage Ministries* for publicity and promotional purposes for future programs.

Mission \_\_\_\_\_  
(Location)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

