



Office Use:
Paid _____
Tribe Name: _____
Leader: _____

Registration Form

First Covenant Church
Rockford, IL

For elementary students only.
K (just finished) through 5th grade (just finished)

Parents, please register each child SEPARATELY. You do not need to fill in the address, phone, etc. for each child unless it is different. Thank you!

Child's name: _____

Nickname/preferred name to be called: _____

Parent/Guardian(s) name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone number: _____ Cell: _____

Home e-mail address: _____

Child's current age: _____ Date of birth: ____/____/____

Gender: ___ Male ___ Female

Last grade of school completed: _____ Name of school: _____

Siblings: _____

In case of emergency (when parent/guardian cannot be reached) contact:

Name: _____ Telephone Number: _____

Relationship to child: _____

Who will be picking up your child at the end of each VBS day?

Name: _____ Telephone Number: _____

This is a two sided form... Please turn over and complete the second side. Thank you!

Please list any allergies/medical needs/special needs the VBS staff should be aware of: _____

Is there any additional information that you would like us to know about your child? _____

Name of a friend you would like your child to be with: _____

Regularly attend church? _____ Where? _____

How did you hear about VBS here at 1st Covenant? _____

Have you or your child participated in any of the following ministries of First Covenant Church? (circle what is applicable)

Cubbies

Sparks

FaithWeaver Friends

Sunday School

Children's Church

The Park

Party @ the Park

Jerusalem Marketplace

VBS

Worship Service

Tutoring Club

Other: _____

Would you like information about other upcoming Children and Family events at First Covenant? _____ yes _____ no

I (we) understand that, in the event medical treatment is required, every effort will be made to contact me (us). However, if I cannot be reached, I give my permission to the staff to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being.

Preferred Hospital: _____

Parent/Guardian Signature: _____ Date: ___/___/___

I grant permission for First Covenant Church to use pictures and/or video footage of my children for informational or promotional purposes:

Parent/Guardian Signature: _____ Date: ___/___/___