



The Family Church 2019 VBS Registration Form

(one per child)

Monday July 29 - Thursday August 1

6:00-8:00 pm

Fee: \$10 per child or \$25 per family

Scholarships are available

(Please contact the church for details: (920) 882-0544)

Child's Name: _____

Child's Age: _____ Date of birth: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

E-mail address: _____

+ In case of emergency, contact (name): _____

Emergency Contact Number: _____ Relationship to child: _____

Allergies or other medical conditions: _____

Home church: _____

PHOTO RELEASE:

I, _____, the parent or legal guardian of _____ [Child] grant The Family Church and Faith Church permission to take/use photographs of my child for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian Signature _____ Date _____

Please return this completed form with payment by July 14th to:

**The Family Church
2318 American Drive
Neenah, WI 54956**

