Location: _____ DATE: _____

For Kids Entering Kindergarten thru 5th Grade

South Hampton Roads Mission Project

REGISTRATION FORM

Grade Going In to: _____ VBS Crew # _____

Child's Name _____

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Phone Numbers: Home _____ Work _____ Cell _____

Email: _____

Age Information: Birth Date _____ ***Last grade completed in school*** _____

Medical or other information we need to know. *(Please include any food allergies. Use back if needed.)*

_____

_____

Emergency Contacts:

Name _____ Phone number _____

Name _____ Phone number _____

Dismissal Information: Who may pick up your child at the end of each VBS?

_____

Is your child here with another child? ☐ Yes ☐ No

If so please list name(s) _____

List anyone who is not allowed any contact with child _____

Other Information: Do you attend Sunday School? ☐ Yes ☐ No

If so where? _____

If you are visiting, who are you a guest of? _____

FOR PROMOTION OF SHRMP ONLY!

May we have permission to photograph your child? ☐ Yes ☐ No

We take photographs for the promotion of SHRMP and local church activities for those attending SHRMP at a church. Photos are never sold or distributed. We use photos in our local brochures, website and facebook. If you have any questions or concerns please feel free to contact us via email at shrmp757@gmail.com or speak to a site leader or pastor at your site.