Sacramento Central SDA Church Vacation Bible School (VBS) Registration Form Event Date: June 16-19, 2021

Registration required by May 22, 2021. Turn in the completed forms at the hostess desk or mail it to Sac Central: 6045 Camellia Ave, Sacto CA 95819 Attn: VBS

Child Information		
Child's name:		Nickname
	First	Last
Child's gender (M or F	?)	Date of Birth/
Does your child have any me If none write "None"		allergies including food allergies?
Is your child vegan? Check of	one: Yes No	
_	n, slide show, etc.)	esignated church photographer and may be used for church Do you give permission to have your child's picture taken?
If your child has special nee	eds, please complete	the back of this form also.
Contact Information		
Name of Parent(s) /Guardi	an(s)	
Parent/Guardian Cell Phor	ne ()	Home Number ()
Street address		
City	State	Zip Code
Email address		
Emergency Information		
In case of emergency, con-	tact	
Phone ()	Relationship	p to child
I give permission to call 9. Parent Guardian Authoriza		gency
		Date
Parent/Guardian Signatur		

Fill out this section ONLY if your child has special needs we need to be aware of so we can
assist them properly during the program.

Special Condition(s) or Needs	
My child needs help with:	
My child avoids doing or becomes easily frustrated with the following activities:	
If my child becomes overwhelmed or frustrated they will respond best to:	
Additional Information	