



Registration Form

(One Per Child)



TrueLife
Church

Date: _____

Child's name: _____ Child's gender: _____

Child's age: _____ Date of birth: _____ Last school grade completed: _____

Name of parent(s): _____

Street address: _____

City: _____

Prov: _____

P.C. _____

Home telephone: (_____) _____

Parent/caregiver's cellphone: (_____) _____

Home email address: _____

Home church: _____

Crew number or name (for church use only): _____

Allergies or other medical conditions: _____

In case of emergency, contact: _____



Phone: _____

Relationship to child: _____

Video/Photos: I consent to my son/daughter's picture being used in future promotional materials for VBS. I understand that no personal details will be disclosed for any reason ☐ Yes ☐ No