

Living Faith Church Program Registration Form

Child's Name _____

Parent/Guardian Name(s) _____

Address _____

E-mail Address _____

Phone Numbers Home _____ Cell _____ Work _____

Age Information

Date of birth _____ Age _____

Last school grade completed _____

Allergies/Medical Information/Other

Emergency Contacts

Name _____ Phone _____

Dismissal Information

Name(s) of person(s) who may pick up this child from VBS

Media Consent

Our website includes photos from a variety of church activities. Sometimes we display photos at our church or use them in slide shows to share with the congregation. Also, photos may be sent to the local newspapers to inform the community of our church events. As part of our *Leading with Care Policy*, we require parental consent for photos to be used. Please complete and sign the consent below for pictures of your child to be used for these purposes. **No names** will be included with the pictures. Thank you for your support.

I give consent for my child _____ to have his/her/their photos taken and used for the purposes outlined above.

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Name (please print): _____