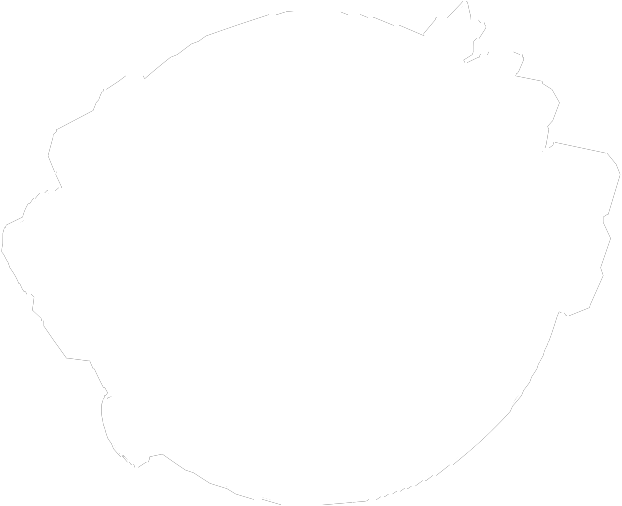
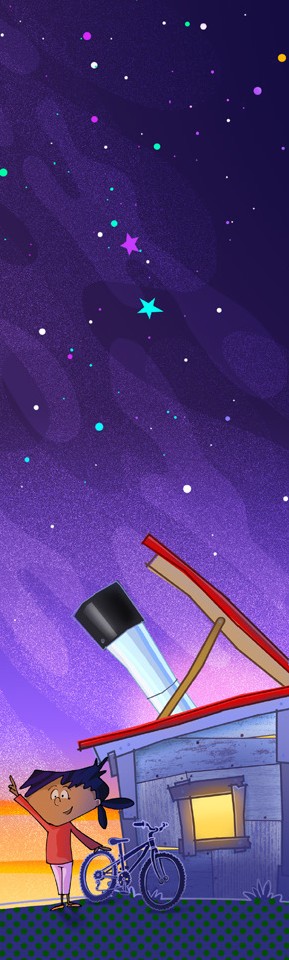
REGISTRATION FORM



**Child’s Name**

**Parent/Guardian Name**

**Address**

(street address, city, state, and zip code)

**Mailing Address** (if different)

**Phone Numbers**

Home

Work

Cell

Email

**First Baptist Church Grayson**

**2142 Loganville Hwy., P.O. Box 965**

**Grayson, GA 30017**

**770-963-3610 phone**

**770-338-1553 fax**

Web Site:

www.fbcgrayson.org

**Age Information**

Birth date Last grade completed in school

**Medical Information**

Medical or other information we need to know. (Please include any food allergies.)

**Emergency Contacts** (other than listed above)

Name Phone number

Name Phone number

**Dismissal Information**

Who may pick up your child at the end of each VBS day?

**Other Information**

Does your child attend Sunday School? If so where?

If your child is visiting our church, who is he a guest of?

May we have permission to photograph your child? Yes No

May we have permission to use your child’s photograph for the purpose of promotion? Yes No

**Finished K-5th grade children are invited to attend!**