

CAR RIDER TAG NUMBER _____

CAMP CHAOS

FIRST BAPTIST CHURCH 2026 VBS REGISTRATION

**** ALL INFORMATION MUST BE COMPLETED BEFORE CHILD CAN BE REGISTERED****

Child's Name

2026 Grade completed

Parent / Responsible party

Physical Address: _____
City, state, Zip: _____
Parents best contact number: _____

ALLERGIES: food and contact

Medications, etc.

Behavior concerns, if any

YES _____ NO _____
Permission for pictures / videos

Alternate pick-up / _____
phone number

Alternate pick-up / _____
phone number

Name and Grade of siblings also attending:

Any additional information you would like to share about your child:

