



South East Atlanta Seventh Day Baptist Church

60 Dailey Mill Road, McDonough, GA 30253

678-561-2629

www.seatlantasdb.org

Vacation Bible School Registration Form

Child's Name: _____

Parent/Guardian Name: _____

Address: _____

Phone Numbers:

Home: _____ Work: _____ Cell: _____

E-mail: _____

Age Information: 4 - 12

Child's Current Age: _____

Medical Information:

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

Emergency Contact:

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Dismissal Information:

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

Other Information:

Do you have a church family? If so where?

If you are visiting our church, how did you hear about our VBS Program? _____

May we have permission to photograph your child? Yes ___ No ___

May we have permission to use your child's photograph in church publications for the purpose of Promoting our Children's Ministry/programs? Yes ___ No ___