



South East Atlanta Seventh Day Baptist Church

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Website: www.seatlantasdb.org

Pastor: Barry Dailey

Vacation Bible School Registration Form

Date _____

Child's Name _____ Age _____

Child's Name _____ Age _____

Child's Name _____ Age _____

Child's Name _____ Age _____

Parent's/Guardian's Name _____

Address _____

Phone Numbers:

Home _____ Work _____ Cell _____

E-mail _____

Medical Information

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

Emergency Contacts

Name _____ Phone Number _____

Name _____ Phone Number _____

Pickup Information:

Who may pick up your child at the end of the 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 promotion?

Yes _____ No _____