



# Registration Form

(One Per Child)

for VBS 2026 at  
Mt Zion Baptist Church of Hiawassee, GA

Child's name: \_\_\_\_\_ Child's gender: \_\_\_\_\_

Child's age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Last school grade completed: \_\_\_\_\_

Name of parent(s): \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home telephone: ( \_\_\_\_ ) \_\_\_\_\_

Parent/caregiver's cellphone: ( \_\_\_\_ ) \_\_\_\_\_

Home email address: \_\_\_\_\_

Name of Church you attend: \_\_\_\_\_

Do we have permission to photograph your child during VBS activities for the purpose of sharing on our website?

\_\_\_\_ Yes \_\_\_\_ No

Allergies, medical conditions, or special needs: \_\_\_\_\_



In case of emergency, contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Crew number or name (for church use only): \_\_\_\_\_