

Registration Form



Dale City Baptist Church

July 26-30, 2021

6:30pm – 8:30pm

3501 Dale Blvd. Dale City, VA

703-670-8118

Pre-K – 5th Grade [teens are helpers]

GRADE COMPLETED THIS YEAR: _____

Child's Name:

Age:

Grade Completed this Year:

Birth Date:

Allergies (if any):

Waiver Signed below (add Yes or No):

PARENT/GUARDIAN NAME (Last, First):

Street Address:

City, State, ZIP

Cell Phone:

Email Address:

Emergency Contact Name/Phone:

(Where to be reached during VBS)

I/We presently attend which Church:

I/We would like to be contacted by Dale City Baptist Church (Yes or No):

Waiver & Permission Slip

I give permission for the above-named child/children to participate in games and any other Vacation Bible School activities at Dale City Baptist Church on **July 26-30, 2021. I also give my permission to use pictures taken at VBS. I release Dale City Baptist Church and the workers involved from any possible liability.**

If permission is NOT GIVEN TO USE PICTURES of my child on the website and advertising, say NO:

I give permission for my child to participate in games and other VBS activities.

Signature/Digital:

Date:

