



Enroll Me in
2018 VBS TIME LAB
At Fellowship of Praise, Santee, SC



Today's Date _____ Child's Shirt Size _____

Child's Name: _____

Mailing Address: _____

City

State

Zip

Physical Address: (if different): _____

City

State

Zip

Parent's Email Address: _____

Phone Number: _____

Home

Cell

Birthdate: _____ Age: _____

Month/Day/Year

Last grade completed in school: _____

Do you go to Sunday school? _____

If so, where: _____

Allergic to: _____

Medical or other information we need to know: _____

Can be picked up by: _____

Relationship: _____

In the event of an emergency, whom do we call?

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Print Parents Name: _____

Sign Parents Name: _____

***Initial _____ yes _____ no Media/Photo Release: I hereby give permission to FoP to use my child's photograph (without their name) in FoP publications, on the website, and in news releases in regard to any FoP sponsored activity.

Office Use Only

Id number _____