



**First Baptist Church of Newton Falls
2011 VBS Enrollment Card**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth Date (for preschoolers): _____

Last grade completed in school (for children): _____

Parent/Guardian Information

Mother/Guardian: _____

Father/Guardian: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Medical Information

Medical or other information we need to know: (please include any food allergies)

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

Name: _____ Phone: _____

Name: _____ Phone: _____

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

Church Information

Do you attend Sunday School? yes _____ no _____

If yes, where do you attend? _____

PHOTOGRAPHIC STATEMENT OF PURPOSE

As part of the educational program to enhance the interactive experience of Vacation Bible School (VBS) at the First Baptist Church of Newton Falls, photographs will be taken of the children participating throughout the VBS week of June 26-30 during the VBS activities by VBS personnel. These photographs are taken for informational use only about the VBS educational program for viewing in a documentary overview of the week's activities to be shown at the closing programs held at FBC and will not be broadcasted, reproduced, published or publicized in any way by FBC for promotional or commercial purposes.