Register me for Wonder Junction!

Child's name _____

Gender: Male ____ Female ____ Birthdate _____/_____/_____ Grade completed _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian _____

Phone _____ Email _____

Emergency contact _____

Relationship to child _____ Phone _____

Who can pick up your child? _____

Name of home church _____

Food allergies Y_ N_ List _____

Medical concerns Y___ N___ Explain _____

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Permission to use images and video

I hereby grant permission for _____
CHURCH NAME

to record sounds, images, or video of my child _____
NAME

while attending *this VBS program*. I also give permission for _____
CHURCH NAME

at its sole discretion, to use these sounds, images, or videos in publications (including print, websites, and social media platforms) owned by _____
CHURCH NAME

in relation to *this VBS program*.

_____ _____
PARENT/GUARDIAN SIGNATURE DATE

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