First Baptist Church of Lutz
18116 U.S. Highway 41 N
Lutz, FL 33549
813-949-7495
www.lutzfbc.org

VBS REGISTRATION

CHILD'S NAME_____
First Name Last Name

Child's Home Address_____
Number Street

_____
City State Zip

Child's Home Phone Number_____

Child's Current Age_____

Child's Date of Birth_____
Month Day Year

Child's Last School Year Completed (if applicable) _____

Medical Information: ALLERGIES, CHRONIC ILLNESS, etc._____

_____

_____

PARENT GUARDIAN INFORMATION

Parent/Guardian Name_____
First Name Last Name

Home Phone Number_____ Cell Phone Number_____

Work Phone Number_____

Family E-mail Address_____

EMERGENCY CONTACT INFORMATION ON OTHER SIDE

EMERGENCY CONTACT INFORMATION
(Who should we call in case of an emergency?)

EMERGENCY CONTACT #1

Name_____
First Name Last Name

Best Phone # To Reach Emergency Contact _____

EMERGENCY CONTACT #2

Name_____
First Name Last Name

Best Phone # To Reach Emergency Contact _____

CHURCH INFORMATION

Name of church your family usually attends

_____

ADDITIONAL INFORMATION – anything else we need to know in order to best care for AND minister to your child

_____

_____

_____

THANK YOU! God bless you!