

# Register me for Zoomerang!

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 \_\_\_\_\_

## PERMISSION TO USE IMAGES AND VIDEO

I hereby grant permission for Molina Baptist Church  
CHURCH NAME

to record sounds, images, or video of my child \_\_\_\_\_  
NAME

while attending *this VBS program*. I also give permission for Molina Baptist Church  
CHURCH NAME

at its sole discretion, to use these sounds, images, or videos in publications (including print, websites, and social media

platforms) owned by Molina Baptist Church  
CHURCH NAME

in relation to *this VBS program*.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

Return form to Rachel Schowalter PO Box 89 Collbran, CO 81624,  
Register online and submit through email: [Outreach@Molinabaptist.com](mailto:Outreach@Molinabaptist.com)