

Vacation Bible School Registration

Child's name _____ One form per child, please

Grade completed _____ Birthday _____ Age _____

Parents' names _____

Home address _____

Home phone _____ Alternate phone _____

Emergency contact person _____ Relationship to student _____

Home phone _____ Alternate phone _____

Food allergies (Y) (N) (List:) _____

Medical concerns (Y) (N) (Explain:) _____

Family doctor _____ Doctor's phone _____

Siblings attending VBS (names and ages) _____

Church affiliation _____ Church membership at _____

People who may pick up the child _____

Transportation needed? (Y) (N) Attendance 1 2 3 4 5

VBS leaders have permission to photograph/film the minor(s) designated above in any manner or form for any lawful purpose associated with this VBS program.

Parent's signature _____

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