

Vacation Bible School Registration

Child's Name: _____ (One form per child please)

Grade Completed: _____ Birthday: _____ / _____ / _____ Age: _____

Parent's Name(s): _____

Home Address: _____

Home Phone: (_____) _____ Alternate Phone: (_____) _____

Emergency Contact Person: _____ Relationship to Student: _____

Home Phone: (_____) _____ Alternate Phone: (_____) _____

Food Allergies: Yes No - If yes, list: _____

Medical Concerns: Yes No - If yes, explain: _____

Family Doctor: _____ Doctor's Phone: (_____) _____

Siblings Attending VBS (Names and Ages):

1. Name: _____ Age: _____
2. Name: _____ Age: _____
3. Name: _____ Age: _____
4. Name: _____ Age: _____
5. Name: _____ Age: _____
6. Name: _____ Age: _____
7. Name: _____ Age: _____

Church Affiliation: _____ Church Membership At: _____

Person(s) Name(s) Who May Pick up the Child:

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____

Transportation Needed: Yes No

Vacation Bible School (VBS) leaders have permission to photograph/film the minor(s) designated above for any lawful purpose associated with this VBS program.

Parent Signature: _____ Date: _____