

VACATION BIBLE SCHOOL REGISTRATION

Child's name: _____

Grade completed _____ Birthday ____/____/____ Age: _____

Parents Names: _____

Home Address: _____

Home Phone: _____ Alternate Phone: _____

Emergency Contact Person _____ Relationship to student: _____

Emergency contact home phone number: _____ Alternate phone: _____

Food allergies Y N (if Y, note) _____

Medical concerns Y N (if Y, note) _____

Family doctor: _____ Doctors's phone #: _____

Siblings attending VVBS (Names & Ages) _____

Church affiliation _____ Church membership at: _____

People who may pick up your child (names): _____

Transportation needed Y N Attendance 1 2 3 4 5

**I agree that VBS leaders have permission to photograph/video designated above in any manner or form for any lawful purpose for this VBS program

Parents signature: _____

Printed Name: _____