

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: _____