

Vacation Bible School Registration Form

Child's Name: _____ (One form per family 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, list: _____

Siblings Attending VBS (Names and Ages):

1. Name: _____ Grade Completed /Age: _____/_____ Allergies: _____
2. Name: _____ Grade Completed /Age: _____/_____ Allergies: _____
3. Name: _____ Grade Completed /Age: _____/_____ Allergies: _____
4. Name: _____ Grade Completed /Age: _____/_____ Allergies: _____
5. Name: _____ Grade Completed /Age: _____/_____ Allergies: _____

Person(s) Name(s) other than parent who may pick up child:

1. _____ Phone: (____) _____-_____
2. _____ Phone: (____) _____-_____

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: _____