

# Vacation Bible School Registration

VBS Dates: \_\_\_\_\_ Through \_\_\_\_\_ Location: \_\_\_\_\_

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: |

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.

Thank you for giving us the opportunity to teach your child(ren) more about God and give them the opportunity to have fun at the same time that they learn!

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_