



# Vacation Bible School Registration Form

Child's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

**Phone Numbers:**

Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

E-Mail: \_\_\_\_\_

Age Information: Birth Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Last Grade completed in school \_\_\_\_\_

**Medical Information:**

Medical or other information we need to know. (Please include any food allergies.)

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**Emergency Contacts:**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Dismissal Information:** Who may pick up you child at the end of each VBS day?

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**Other Information:** Do you attend Church  Yes  No If yes, where? \_\_\_\_\_

If you are visiting our church, who are you a guest of? \_\_\_\_\_

May we have permission to photograph your child?  Yes  No

May we have permission to use your child's photograph for the purpose of promotion?  Yes  No