



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.)

Emergency Contacts:

Name _____ Phone Number _____

Name _____ Phone Number _____

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

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