

REGISTRATION FORM

Student's name _____ Male/Female _____
Address _____ City _____ State _____ Zip _____
Home telephone (____) _____ E-mail address: _____
Date of birth ____/____/____ Age _____ Last school grade completed _____
Home church _____ City _____ State _____
Brother or sister's name _____ Other _____
Name of a special friend your child might like to be with _____ Need transportation? _____
Parent/Guardian name _____ Home phone # (____) _____
Mom's cell # (____) _____ Mom's work # (____) _____
Dad's cell # (____) _____ Dad's work # (____) _____
Allergies/Medical conditions _____ Emergency contact _____
Phone # (____) _____ Relationship to child _____
Person other than parent authorized to pick up your child _____
Parent / Guardian Signature _____ Date _____

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RECORD FORM

Circle days attended
S M T W Th F

Name _____ Phone _____
Address _____ City _____ State _____ Zip _____
Age _____ Last grade in school _____
Church Member? _____ What church? _____
Attends Sunday School where? _____
Father's Name _____ Attends Sunday School? _____
Mother's Name _____ Attends Sunday School? _____
Assigned to _____ Class _____
Teacher _____ Transportation Needed? _____

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