

# Vacation Bible School Registration

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: |
| 6. Name: | Age: |
| 7. 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.

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