

## VACATION BIBLE SCHOOL REGISTRATION

Child's name \_\_\_\_\_

Grade completed \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_

Parents' names \_\_\_\_\_

Home address \_\_\_\_\_

Home phone \_\_\_\_\_ Alternate phone \_\_\_\_\_

Emergency contact person \_\_\_\_\_ Relationship to student \_\_\_\_\_

Home phone \_\_\_\_\_ Alternate phone \_\_\_\_\_

Food allergies Y N (List:) \_\_\_\_\_

Medical concerns Y N (Explain:) \_\_\_\_\_

Family doctor \_\_\_\_\_ Doctor's phone \_\_\_\_\_

Siblings attending VBS (names and ages) \_\_\_\_\_

Church affiliation \_\_\_\_\_ Church membership at \_\_\_\_\_

People who may pick up the child \_\_\_\_\_

VBS leaders have permission to photograph/film the minor(s) designated above in any manner or form for any lawful purpose associated with this VBS program.

Parent's signature \_\_\_\_\_

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