

# Vacation Bible School Registration

Child's name \_\_\_\_\_ One form per child, please  
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 \_\_\_\_\_  
Transportation needed? (Y) (N) Attendance 

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

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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Parents' names \_\_\_\_\_  
Home address \_\_\_\_\_  
Home phone \_\_\_\_\_ Alternate phone \_\_\_\_\_  
Emergency contact person \_\_\_\_\_ Relationship to student \_\_\_\_\_  
Home phone \_\_\_\_\_ Alternate phone \_\_\_\_\_  
Medical concerns (Y) (N) (Explain:) \_\_\_\_\_  
Family doctor \_\_\_\_\_ Doctor's phone \_\_\_\_\_  
Siblings attending VBS (names and ages) \_\_\_\_\_  
Church affiliation \_\_\_\_\_  
People who may pick up the child \_\_\_\_\_  
Transportation needed? (Y) (N) Attendance 

|   |   |   |   |   |
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