

**Vacation Bible School Registration Form**

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone: # \_\_\_\_\_

Child's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last School Grade Completed: \_\_\_\_\_ Home Church (if any): \_\_\_\_\_

**Person responsible for picking up child at the end of VBS each day:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Emergency Contact if parent/guardian cannot be reached:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Please list any allergies/medical/behavioral needs that the VBS staff should be aware of:**

\_\_\_\_\_

\_\_\_\_\_

This will/will not be my child's first large group experience.

This child has/has not attended a Sunday School type program before.

One friend my child would like to be with is: \_\_\_\_\_

**Please circle one:** I give permission / I DO NOT give permission

for my child's image to be used on any promotional materials related to this event.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date