

FRUIT OF THE SPIRIT

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