

IT'S ALL GOOD! VBS

Registration form

Child's Name: _____ (One form per child please)

Grade Completed: _____ Birthday: ____/____/____ Age: _____

Parent's Name(s): _____

Home Address: _____

Cell #: (____) _____ Alternate #: _____ Email: _____

Emergency Contact Person: _____ Relationship to Child: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Food Allergies: ___ Yes ___ No - If yes, list: _____

Medical Concerns: ___ Yes ___ No -If yes, explain: _____

Family Doctor: _____ Doctor's Phone: (____) _____

Sibling Attending VBS (Names and Ages):

1. Name: _____ Age: _____
2. Name: _____ Age: _____
3. Name: _____ Age: _____
4. Name: _____ Age: _____

Church Affiliation: _____

Person(s) Name(s) Who May Pick up the Child:

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____

****Vacation Bible School (VBS) leaders have permission to photograph/film the minor(s) designated above for any lawful purpose associated with this VBS program. ___ Yes, with my permission ___ No**

Thank you for giving us the opportunity to teach your child(ren) more about God and give them the opportunity to have fun at the same time they learn!

Parent Signature: _____ Date: _____

Office Only –

Age: _____ Instructor assigned: _____ Allergies: _____