

June 19th – 23rd, 2017, Vacation Bible School Registration Form
(One per child)
Rising 4(K) - Rising 4th Grade
8:50 a.m. – 12:00 p.m.

Child's Name: _____ Gender: M / F

Child's Age: ____ Date of Birth : _____ Grade entering 2017/2018: _____

Name of Parents/Guardian: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

In addition to Parents, Emergency Contact Name & Phone Number: _____

In addition to parents, who is allowed to pick up your child?

- | | | | |
|---|-------------|--------------|---------------------|
| 1 | Name: _____ | Phone: _____ | Relationship: _____ |
| 2 | Name: _____ | Phone: _____ | Relationship: _____ |
| 3 | Name: _____ | Phone: _____ | Relationship: _____ |

Please list any special needs including but not limited to allergies, sensory, attention, other physical, social, or emotional challenges: _____

Family Doctor/Hospital preferred: _____

Home church: _____

Would you be willing to volunteer? Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri. ___

Name of a friend your child might like to be with: _____

Comments for VBS Staff: _____

Please fill out this form and mail it to the church or bring it by the office to register your child.
Please do not call registrations in.

