

# Vacation Bible School Registration Form (one per child)

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent(s)' name(s): \_\_\_\_\_

\_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Number(s): \_\_\_\_\_

Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Grade just finishing at end of this school year (June, 2011): \_\_\_\_\_

In case of an emergency, if parent cannot be contacted, please contact  
(name, relationship, phone number): \_\_\_\_\_

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Alternate person(s) who may pick up child and their relationship: \_\_\_\_\_

\_\_\_\_\_

Home Church: \_\_\_\_\_

Allergies, medical conditions, special needs: \_\_\_\_\_

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Name of Sibling(s) or friend attending VBS: \_\_\_\_\_

\_\_\_\_\_

Other pertinent information you would like to share: \_\_\_\_\_

\_\_\_\_\_