



VACATION BIBLE SCHOOL REGISTRATION FORM

Childs Name: _____
(last) (first)

Date of Birth: _____ Age _____

Last Grade Completed **K** **1** **2** **3** **4** **5** **6** **7**

Childs Address: _____
City State Zip

Parent/Guardian Names: _____

Home Phone _____ Cell Phone _____

Email _____

Person to notify in the event of an emergency: _____

Home Phone _____ Cell Phone _____

Allergies: _____

Health Problems: _____

Special Needs: _____

Who may pick up the child? _____

Optional: Members of what Church? _____