



## VACATION BIBLE SCHOOL REGISTRATION FORM

Childs Name: \_\_\_\_\_  
(last) (first)

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

**Last Grade Completed (if applicable) 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? \_\_\_\_\_