



Vacation Bible School

Registration Form

One Form per Family

Child's Name: _____ Male Female

Age: _____ Birthdate: _____ Grade completed June 2016: _____

Child's Name: _____ Male Female

Age: _____ Birthdate: _____ Grade completed June 2016: _____

Child's Name: _____ Male Female

Age: _____ Birthdate: _____ Grade completed June 2016: _____

Child's Name: _____ Male Female

Age: _____ Birthdate: _____ Grade completed June 2016: _____

Child's Name: _____ Male Female

Age: _____ Birthdate: _____ Grade completed June 2016: _____

Child's Name: _____ Male Female

Age: _____ Birthdate: _____ Grade completed June 2016: _____

Street Address: _____

City: _____ Zip: _____

Phone Number: _____ cell home

Email: _____

Parent's/Legal Guardian's Names: _____

In case of emergency, contact: _____
Name Phone # Relation

Please list allergies or other medical conditions along with the name of the child:

Home Church: _____