

Vacation Bible School Child Registration

* Required

PARENTS INFORMATION

1. **Parents Name**

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2. **Street Address**

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3. **Email**

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4. **Cell Phone**

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5. **Work Phone**

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CHILD 1 PARTICULARS

6. **Child's Name**

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7. **Date of Birth**

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8. **Age**

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9. Last Grade Completed

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10. Allergies, medical conditions, behavioral challenges, or other info we should know about your child

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11. Home Church

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CHILD 2 PARTICULARS

12. Child's Name

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13. Date of Birth

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14. Age

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15. Last Grade Completed

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16. Allergies, medical conditions, behavioral challenges, or other info we should know about your child

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17. Home Church

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CHILD 3 PARTICULARS

18. **Child's Name**

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19. **Date of Birth**

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20. **Age**

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21. **Last Grade Completed**

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22. **Home Church**

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23. **Allergies, medical conditions, behavioral challenges, or other info we should know about your child**

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EMERGENCY CONTACTS

24. **Emergency Contact 1**

List name, relationship to child, cell phone and home phone.

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25. Emergency Contact 2

List name, relationship to child, cell phone and home phone.

MISCELLANEOUS

26. Dismissal Information

Person authorized to pick up this child from Vacation Bible School other than yourself.

27. I have read the Liability Release and Photo Release and agree to it's terms. *

Check all that apply.

Yes

No

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