



VACATION BIBLE SCHOOL 2018  
REGISTRATION FORM  
JULY 9TH-13TH  
9AM-12PM  
DROP OFF STARTS AT 8:30AM

CHILDS NAME: \_\_\_\_\_

CHILDS AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ LAST SCHOOL GRADE COMPLETED: \_\_\_\_\_

NAME OF PARENT(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_

HOME EMAIL ADDRESS: \_\_\_\_\_

NAME OF PERSON(S) WHO MAY PICK UP THIS CHILD FROM VBS: \_\_\_\_\_

ALLERGIES OR OTHER MEDICAL CONDITION(S): \_\_\_\_\_

EMERGENCY CONTACT

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

CREW NUMBER (FOR OFFICE USE ONLY): \_\_\_\_\_