

Vacation Bible School Participant Registration Form

For ages 3 through 5th Grade

June 19-23 from 6:00-9:00 pm



Family Name _____

Name _____ Grade Completed Spring 2017 _____

Name _____ Grade Completed Spring 2017 _____

Name _____ Grade Completed Spring 2017 _____

Mother _____ Cell _____

Father _____ Cell _____

Street Address _____

City _____ State _____ Zip Code _____

Preferred Phone _____ c/h/w E-mail _____

Emergency Contact _____ Phone _____

Allergies/Medical Conditions (Please list the child along with his or her condition) _____

Who has permission to pick your child(ren) up from VBS?

Do we have permission to take pictures of your child(ren) to display in Church? **Y N**

Every child will be provided with an iron-on transfer to be put on a light-colored T-shirt (white is suggested). Each family will be given a CD with the VBS music.

For Volunteers Use Only:

CD given upon Registration **YES NO**