

VACATION BIBLE SCHOOL
REGISTRATION FORM

Please complete this form and return it no later than July 22nd

Parent Name _____

Parent Address _____

Primary phone _____ Secondary phone _____
Home/Work/Cell Home/Work/Cell

NAME(S) OF CHILD/CHILDREN

1. _____

Birthdate _____ Last school grade completed _____
Medical concerns/allergies _____

2. _____

Birthdate _____ Last school grade completed _____
Medical concerns/allergies _____

3. _____

Birthdate _____ Last school grade completed _____
Medical concerns/allergies _____

Emergency Contact _____ Phone No. _____

Parent/guardian signature _____ Date _____