

June 27- July 1, 2021

Vacation Bible School Registration

Child's name _____ One form per child, please.

Grade completed _____ Birthday _____ Age _____

Parents' names _____

Home address _____

Home phone _____ Alternate phone _____

Emergency contact person _____ Relationship to student _____

Home phone _____ Alternate phone _____

Food allergies Y N (List:)

Medical concerns Y N (Explain:)

Family doctor _____ Doctor's phone _____

Siblings attending VBS (names and ages) _____

Church affiliation _____ Church membership at _____

People who may pick up the child _____

Transportation needed? Y N Attendance 1 2 3 4 5

VBS leaders have permission to photograph/film the minor (s) designated above in any manner or form for any lawful purpose associated with this VBS program.

Parent's signature _____

REGISTRATION FORM. Find this form in the Fill-in for folder on the Director CD. Copyright © 2010 Concordia Publishing House. Permission granted for purchaser to make copies for the year the VBS program is purchased.