

VACATION BIBLE SCHOOL 2011 REGISTRATION FORM

FAMILY INFORMATION

Parents' Last Name	Parents' First Name(s)		
Address	City/Town	State	Zip Code
Parents' Home Phone	Parents' Alternate Phone (if applicable)		
EMERGENCY Contact Person (if other than parent listed above)	Relationship to Child		
EMERGENCY Contact Person's Home Phone	EMERGENCY Contact Person's Alternate Phone (if applicable)		
Email (For those who wish to receive email confirmation. PLEASE PRINT!)	Church Affiliation (if any)		

Please list those people who have permission to pick up your child(ren) from VBS... **your child will not be released to anyone other than those listed here.**

- I/we hereby grant the VBS leaders permission to photograph/film the minor(s) designated below in any manner or form for any lawful purpose associated with this VBS program.
- I/we would like to preorder ____ CDs (sugg donation \$7/CD). Contact me when available.
- I/we would like to receive an email confirmation that our child(ren) is/are registered.

INFORMATION FOR CHILD #1

Child's Name		
Grade Entering Fall 2011	Current Age	Birthdate
FOOD AND/OR OTHER ALLERGIES (please indicate "none" or "yes" and list)		
MEDICAL CONCERNS (please indicate "none" or "yes" and explain)		

INFORMATION FOR CHILD #2

Child's Name		
Grade Entering Fall 2011	Current Age	Birthdate
FOOD AND/OR OTHER ALLERGIES (please indicate "none" or "yes" and list)		
MEDICAL CONCERNS (please indicate "none" or "yes" and explain)		

INFORMATION FOR CHILD #3

Child's Name		
Grade Entering Fall 2011	Current Age	Birthdate
FOOD AND/OR OTHER ALLERGIES (please indicate "none" or "yes" and list)		
MEDICAL CONCERNS (please indicate "none" or "yes" and explain)		

INFORMATION FOR CHILD #4

Child's Name		
Grade Entering Fall 2011	Current Age	Birthdate
FOOD AND/OR OTHER ALLERGIES (please indicate "none" or "yes" and list)		
MEDICAL CONCERNS (please indicate "none" or "yes" and explain)		