



Vacation Bible School June 26th-29th 6:00-8:00pm

Child's Name (one form per child): _____

Grade completed: _____ Age: _____ Shirt size: _____

Parent's Name(s): _____

Home address: _____

Preferred email address: _____

Phone: _____ Alternate Phone: _____

Emergency Contact: _____ Phone: _____

Food allergies: _____

Other allergies/medical concerns: _____

Person(s) who may pick child up from VBS:

Name: _____ Phone: _____

Name: _____ Phone: _____

Vacation Bible School (VBS) leaders have permission to photograph/video minor designated above for any lawful purpose associated with this VBS program.

Thank you for giving us the opportunity to teach your child more about God and give them the opportunity to have fun at the same time that they learn!

Parent signature: _____ Date: _____