



**Vacation Bible School  
REGISTRATION FORM  
(ONE PER CHILD)**

Child's Name \_\_\_\_\_

Child's Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Last School Grade Completed \_\_\_\_\_

School Attending: \_\_\_\_\_

Name of parent(s) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home telephone (\_\_\_\_\_) \_\_\_\_\_

Parent/Caregiver's Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Home email address \_\_\_\_\_

Home Church: \_\_\_\_\_

Allergies or other medical conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In case of Emergency, contact \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_