



## VACATION BIBLE SCHOOL REGISTRATION

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

People who may pick up the Child(ren) \_\_\_\_\_

Child's name	Age	Grade	Medical concerns	Male/ female

Other concerns or comments: \_\_\_\_\_

\_\_\_\_\_