

Vacation Bible School Registration Form

Date _____



2018



Student's Name _____

Parent/Guardian Name _____

Address _____

E-mail Address _____

Phone Numbers --Home _____ Cell _____ Work _____

Age Information

Date of birth _____ Age _____

Grade entering this fall _____

Home Church _____

Allergies/Medical Information/Other _____

Emergency Contacts

Name _____ Phone _____

Name _____ Phone _____

Dismissal Information

Name(s) of person(s) who may pick up this child from VBS _____

In case of an illness, and I cannot be reached, I hereby give permission for my child to receive... (please initial line if ok) at the discretion of an adult VBS staff person. (Parents will be informed if any of the above items are given.)

Children's Tylenol (headaches) dosage for child

Neosporin (small cuts & scrapes)

Benadryl cream (insect bites & stings)

Parents Initial ()

I give permission for my child's picture to be used during the week and for future promotion of Blast Yes _____ No _____

Is Parent helping at VBS Yes _____ No _____