

# Vacation Bible School Registration

Child's name \_\_\_\_\_ One form per child, please.  
Grade completed \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_  
Parents' names \_\_\_\_\_  
Home address \_\_\_\_\_  
Home phone \_\_\_\_\_ Alternate phone \_\_\_\_\_  
Emergency contact person \_\_\_\_\_ Relationship to student \_\_\_\_\_  
Home phone \_\_\_\_\_ Alternate phone \_\_\_\_\_  
Food allergies  Y  N (List:) \_\_\_\_\_  
Medical concerns  Y  N (Explain:) \_\_\_\_\_  
Family doctor \_\_\_\_\_ Doctor's phone \_\_\_\_\_  
Siblings attending VBS (names and ages) \_\_\_\_\_

Church affiliation \_\_\_\_\_ Church membership at \_\_\_\_\_  
People who may pick up the child \_\_\_\_\_  
Transportation needed?  Y  N Attendance  1  2  3  4  5

VBS leaders have permission to photograph/film the minor(s) designated above in any manner or form for any lawful purpose associated with this VBS program.

Parent's signature \_\_\_\_\_

Please mail your completed form to:  
VBS, 1109 Lassen Street, Vallejo, CA 94591

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