

Vacation Bible School Registration

One form per child, please

Child's name _____

Grade completed _____ Birthday _____ Age _____

Parents' names _____

Home address _____

Home phone _____ Emergency contact person _____ Home phone _____

Alternate phone _____ Relationship to student _____ 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 y our child _____

Transportation needed? Y N Attendance 1 2 3 4

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. Y N

Parent's signature _____

Please drop in mail slot or mail back to VBS, 1109 Lassen Street, Vallejo, CA 94591

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