

# Vacation Bible School *Registration Form* June 20-24, 9-12 noon

Name

Birth Date

Address

Home Phone

Cell Phone

Email

Parent(s) Name(s)

Parent(s) Work Phone(s)

In Case of Emergency, Contact

Allergies or Other Medical Conditions

School Grade Just Completed

Name of Home Church, If Any

I hereby            GRANT            DO NOT GRANT permission for (name of church)

to use pictures of my child (name of child) on its website for informational or promotional purposes.

Parent/Legal Guardian (print name)

Parent/Legal Guardian (signature)