



Vacation Bible School  
Registration Form  
June 10 - June 14, 2024  
6:00 - 8:00PM



Parent/Guardian Name(s): \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Secondary Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Home Church: \_\_\_\_\_

Who other than parent/guardian can pick up child: \_\_\_\_\_



Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Allergies or Medical Concerns: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Allergies or Medical Concerns: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Allergies or Medical Concerns: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Allergies or Medical Concerns: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Allergies or Medical Concerns: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Allergies or Medical Concerns: \_\_\_\_\_