



Vacation Bible School Registration Form

Name: _____

Address: _____

Home e-mail address: _____

Phone numbers: Home _____ Cell _____

Date of birth: _____ Age: _____

Last school grade completed: _____

Allergies/medical information or concerns:

Emergency contact:

Name: _____ Phone number: _____

Name: _____ Phone number: _____

List name of persons who may pick up this child from VBS.

T-shirt size: _____