



# VACATION BIBLE SCHOOL

JULY 13-17, 2008 · 9:15 AM-12 PM · REGISTRATION FORM

**My child has completed:**

one year  two years of preschool.

grade \_\_\_\_\_.

**Directions: PLEASE PRINT!**

- Complete this form and return it to the church. Use a separate form for each child registering for VBS.
- A \$15 supply fee applies per child. **Register before June 15 and receive a \$3 discount!**
- Contact the church office with any questions

child's name \_\_\_\_\_ age \_\_\_\_\_ DOB (MM/DD/YYYY) \_\_\_\_\_

special needs—What would you like us to know about your child?  
\_\_\_\_\_

If possible, please assign my child to the same group as the following students/helpers (list no more than 2):

• **COMPLETE ALL APPLICABLE, AND CHECK MAIN CONTACT TO BE USED DURING VBS** •

mother's name \_\_\_\_\_ phone/type (home, cell, work, etc) \_\_\_\_\_

father's name \_\_\_\_\_ phone/type \_\_\_\_\_

alternate caregiver's name/relationship \_\_\_\_\_ phone/type \_\_\_\_\_

child's address \_\_\_\_\_

In case of emergency, and if I can not be reached, please call:

name \_\_\_\_\_ phone \_\_\_\_\_ relationship \_\_\_\_\_

allergies or other medical conditions  
\_\_\_\_\_

child's doctor/clinic \_\_\_\_\_ doctor's phone \_\_\_\_\_

**MEDICAL/SURGICAL RELEASE:** I understand that every effort will be made to contact me if my child needs emergency medical/surgical treatment. But, if it is not practical to do so, I hereby give my permission to the physician selected by the VBS Staff to secure proper treatment for my child.

parent/guardian \_\_\_\_\_ date \_\_\_\_\_

I want to stay in touch! Please send me future VBS news via: (check all that apply)

- e-mail \_\_\_\_\_  phone  mail  
 Contact me regarding church membership, also.  Please do not contact me.

**I want to volunteer and share God's Word! Please contact me.**

**For their safety, children are to be dropped off and picked up in the sanctuary each day of VBS.**