



2024 VBS REGISTRATION FORM

Child's Name _____ Date of Birth/Age _____

Last Year of School Completed _____ T-Shirt Size _____

Parent/Guardian's Name _____

Mailing and Physical Address _____

Home Telephone _____ Cell Phone _____

E-mail Address _____

Home Church (if any) _____

In case of emergency, when parent/guardian can't be reached, please contact:

Name _____

Telephone _____

Relationship to child _____

Any allergies the VBS staff should be aware of _____

Person responsible for picking up child each evening at 8:30 PM:

Name _____

Telephone Number _____

Photo Release: I give my permission for _____ to be photographed during the week of Vacation Bible School, June 9 – June 13, 2024, and the pictures may be used on Facebook posts and individual church websites.

Parent/Guardian Signature
