



VACATION BIBLE SCHOOL

2019 REGISTRATION FORM

☐

Grade in September
JK-SK

☐

Grade in September
1-2

☐

Grade in September
3-4

☐

Grade in September
5-6

Child's Name: _____

Date of Birth: _____ / _____ / _____ Age: _____
MONTH DAY YEAR

Parent/Guardian Name(s): _____

Address: _____
(Street, City & Postal Code)

Ph.#: _____ Email: _____

Emergency Contact Info: _____

Allergies/Medical Conditions or Other Concerns:

Name(s) of adult who may pick up your child:

NOTE: I waive any responsibility to all staff and volunteers for any injury that may occur to my child, or lost or damaged items that my child may bring with them. I further understand that pictures and videos of my child may be taken during the program for the use of church advertisement and promotion.

Parent/Guardian Signature