

VACATION BIBLE SCHOOL 2022

REGISTRATION FORM

CHILD'S NAME _____

MAILING ADDRESS _____

CITY

STATE

ZIPCODE

ALLERGIES OR HEALTH ISSUES WE NEED TO BE AWARE OF FOR YOUR CHILD'S SAFETY?

PARENT OR PERSON RESPONSIBLE FOR CHILD (CHILDREN) & CONTACT #

PH # _____

ADDITIONAL CHILDREN OF SAME FAMILY

CHILD IS TO BE RELEASED TO _____

CHILD IS NOT TO BE RELEASED TO: _____

PLEASE BE HERE TO PICK UP YOUR CHILD NO LATER THAN 12:00 NOON THANK YOU