

# VACATION BIBLE SCHOOL REGISTRATION FORM 2017

## **Family Information**

Child's Name \_\_\_\_\_

Age \_\_\_\_\_ Last grade completed \_\_\_\_\_ Male/Female \_\_\_\_\_

Name of parents or guardians \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email address \_\_\_\_\_

Home church \_\_\_\_\_

## **Transportation**

Transportation needed Yes \_\_\_\_\_ No \_\_\_\_\_

I give permission for my child to be transported by church van from home and/or between churches (St. Paul's Missionary Baptist, First Presbyterian and St. Andrew United Methodist)

Yes \_\_\_\_\_ No \_\_\_\_\_

## **Emergency Information**

Emergency contact \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Allergies/special needs \_\_\_\_\_

Persons who may pick up my child \_\_\_\_\_

Are there any custodial issues that we should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain \_\_\_\_\_

## **Media Release Permission**

I give permission to photograph my child during Vacation Bible School for the purpose of church media and communications. No names will be used. Yes \_\_\_\_\_ No \_\_\_\_\_

**Supper** will be served each night from 5:00-6:00 p.m. at St. Paul's Missionary Baptist Church. Circle each day your child will be there for supper: Mon. Tues. Wed. Thurs.

Friday Family Pot Luck Supper at St. Andrew United Methodist Church. Meat & drinks provided. Please bring a dish to share.