

VACATION BIBLE SCHOOL

Registration Card

Student's name _____ Male/Female _____

Address _____ City _____ State _____ Zip _____

Home telephone () _____ E-mail address: _____

Date of birth ____ / ____ / ____ Age _____ Last school grade completed _____

Home church _____ City _____ State _____

Brother or sister's name _____ Other _____

Name of a special friend your child might like to be with _____

Parent/Guardian name _____ Home phone # () _____

Mom's cell # () _____ Mom's work # () _____

Dad's cell # () _____ Dad's work # () _____

Allergies/Medical conditions _____ Emergency contact _____

Phone # () _____ Relationship to child _____

Persons other than parent authorized to pick up your child (1) _____

(2) _____ (3) _____

Parent/Guardian signature _____ Date ____ / ____ / ____