



VACATION BIBLE SCHOOL Registration Form

Child's Name: _____

Parent/Guardian Name(s): _____

Address: _____

_____ Email Address: _____

Cell Phone: _____ (Mom) Cell Phone: _____ (Dad)

Other Phone: Name/Relation: _____ Number: _____

Child's Birth Date: _____ Last School Grade Completed: _____

Home Church (if any): _____

How did you hear about us? _____

*In case of emergency (**when the parent/guardian cannot be reached**) please contact:*

Name: _____

Phone: _____

Relationship to Child: _____

Please list any allergies the VBS Staff should be aware of: _____

*Person responsible for picking up this child at the end of each VBS day if **not** in St. Peter's Summer Camp:*

Name: _____ Phone Number: _____

Signature of Parent/Guardian: _____