



# REGISTRATION FORM

(One Per Child)

## VACATION BIBLE SCHOOL

**JUNE 22 & 23, 2026 6-8:30PM Ages: 3-12**

Child's Name: \_\_\_\_\_ Child's age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last school grade completed: \_\_\_\_\_

Name of parent(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Home Telephone: (     ) \_\_\_\_\_

Parent/caregiver's cell phone: (     ) \_\_\_\_\_

Home email address: \_\_\_\_\_

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

Permission to Photograph? Yes or No (Circle One)



Allergies or other medical conditions:

\_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian's Signature