



Vacation Bible School – 2019

Registration Form

(One Per Child)

Child's Name: _____ Child's gender: _____

Child's age: _____ Date of Birth: _____ Last school grade completed: _____

Name of parent(s): _____

Home Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Primary telephone (_____) _____

Person authorized to pick up my child: _____

Authorized person's phone: (_____) _____

Home email address: _____

Home church: _____

I request my child be in a crew with: _____

**Note: We will try to accommodate requests – although not always possible*

**Preschool children may not be placed in school age crews.*

Crew name (for church use only): _____

Allergies or other medical conditions: _____

In case of emergency, contact: _____

Phone: _____

Relationship to child: _____