

VACATION BIBLE SCHOOL REGISTRATION FORM

August 14, 15, 16
9:00am – 12:00noon

Theme: Grow in God's Love

One form per family needs to be completed.

*All children entering kindergarten through eighth grade in fall of 2024 welcome.
Please complete and return in the enclosed envelope at your earliest convenience.*

Thank you!

Parent(s)/Guardian(s) Name: _____

Emergency contact phone number(s) while VBS is in session and who the number is for:

Who is authorized to pick up your child/children?

Child One

Name: _____

Age: _____ Grade in School in the Fall: _____

Allergies: _____

Is there anything else we should know? _____

Child Two

Name: _____

Age: _____ Grade in School in the Fall: _____

Allergies: _____

Is there anything else we should know? _____

Child Three

Name: _____

Age: _____

Grade in School in the Fall: _____

Allergies: _____

Is there anything else we should know? _____

Child Four

Name: _____

Age: _____

Grade in School in the Fall: _____

Allergies: _____

Is there anything else we should know? _____

Child Five

Name: _____

Age: _____

Grade in School in the Fall: _____

Allergies: _____

Is there anything else we should know? _____