

The Race is On!

Vacation Bible School
August 2 - August 6, 2010
9 AM-12:15 PM



Registration Form

T-shirt size: S(4-6) ___ M(8-10) ___ L(12-14) ___

Child's Name _____ Boy ___ Girl ___ Age _____

Address _____ Birth Date _____

_____ Grade Completed _____

Home Phone _____ Email _____

Parent's Names _____

Parent's Daytime Phones _____ / _____

Home Church _____ Invited by _____

Emergency Contact Information *(In case we can not reach a parent)*

Name _____ Relation to Child _____

Home Phone _____ Cell Phone _____

Medical Information

Doctor's Name _____ Phone Number _____

Allergies _____

Current Medications _____

Special Needs/Other _____

As parent/guardian, I would like my child to attend this Vacation Bible School (VBS). I hereby give my permission to the staff of the aforementioned VBS to act for my child according to their best judgment in any emergency situation requiring medical attention.

Parent Signature _____ Date _____