

Vacation Bible School

REGISTRATION Form

June 10 – 12, 2026



Child's Name _____ Date of Birth _____

Grade Completed _____ Gender (circle one) M / F

Address _____
City State Zip Code

Parent/Guardian _____ Relationship _____

Phone _____ Email _____

Release of Photos Yes / No (circle one)

Child Pickup Information:

Name of pickup person: _____

Identification is required at pickup

Acknowledge pick up time is between 8:00 – 8:15

Relationship to child _____ Phone # _____

Health Information

Allergies _____

Medical Conditions _____

Emergency Contact _____

Staff Use

Siblings Present _____

Any Safety Concerns _____

Release Photos Yes / No

Signature _____ Date _____