

Vacation Bible School 2026 Registration

Hosted By: My Father's House Christian Church

VBS Dates: 29 June – 3 July **Locations:** 1402 12th Street, Augusta, GA 30906

Child's Name: _____ (One form per child Please)

Grade Completed: _____. **Birthdate:** __ / __ / _____. (MM/DD/YYYY) **Age:** _____.

Parent's Name(s): _____.

Home Address: _____.

Home Phone: (____) _____. **Alternate Phone:** (____) _____.

Emergency Contact Person: _____. **Relationship to Student:** _____.

Home Phone: (____) _____. **Alternate Phone:** (____) _____.

Food Allergies: Yes No – **If yes, explain:** _____.

Family Doctor: _____. **Doctor's Phone:** (____) _____.

Siblings Attending VBS (Names and Ages):

1. Name: _____ . Age: _____
2. Name: _____ . Age: _____
3. Name: _____ . Age: _____
4. Name: _____ . Age: _____
5. Name: _____ . Age: _____

Church Affiliation: _____. **Church Membership At:** _____.

Person(s) Name(s) Who May Pick Up the Child (ID Required):

1. Name: _____ . Phone: _____.
2. Name: _____ . Phone: _____.

Vacation Bible School (VBS) leaders have permission to photograph/film the minor(s) designated above for any lawful purpose associated with this VBS program. _____ **(Initials)**.

Thank You for giving us the opportunity to teach your child(ren) more about God and give them the opportunity to have fun while they learn!

Parent Signature: _____ . **Date:** _____.