



Vacation Bible School
Ozark Baptist Church
June 6-10, 2022

(Must have completed Kindergarten)

Child's Name _____

Parent's Name _____

Address _____

Phone Number _____

Parents email _____

Child's Age _____ Date of Birth _____

Child's Gender _____

Last School Grade Completed _____

Allergies or Other Medical Conditions

Home Church _____

Emergency Contact:

Name _____

Number _____

Relation to Child _____

I give my child permission to participate in the Monumental Vacation Bible School at Ozark Baptist Church. I also give permission for my child to be transported to the church on the church bus driven by an approved church member.
