

Five Week Children's Discovery Program

Who is God?

VBS Dates: Wednesdays 7/6 through 8/3 (6p-8p)

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

Grade Completed: _____ Birthday: _____ / _____ / _____ 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, list: _____

Medical Concerns: 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: _____

Person(s) Name(s) Who May Pick up the Child:

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.

Thank you for giving us the opportunity to teach your child(ren) more about God and give them the opportunity to have fun at the same time that they learn!

Parent Signature: _____ Date: _____