

2nd Mt. Zion Baptist Church

1010 Old Pretoria Rd.

Albany, GA 31721

Phone: 229-439-0334

VACATION BIBLE SCHOOL REGISTRATION

Theme: *Reigning with Purpose* — 1 Peter 4:10

CHILD INFORMATION

Child's Full Name: _____

Age: _____ **Date of Birth:** _____

Gender: _____

Grade Completed: _____

Home Address: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____

Relationship to Child: _____

Primary Phone Number: _____

Alternate Phone Number: _____

Email Address: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Relationship: _____

Phone Number: _____

MEDICAL INFORMATION

Please list any allergies, medical conditions, medications, or special instructions:

TRANSPORTATION

Will transportation be needed?

Yes No

If yes, please provide pickup address:

AUTHORIZATION

I give permission for my child to participate in Vacation Bible School activities at 2nd Mt. Zion Baptist Church. In the event of an emergency, I authorize church staff to seek medical attention for my child if I cannot be reached.

Parent/Guardian Signature: _____

Date: _____

OFFICE USE ONLY

- Registered
- Transportation Needed
- Medical Information Reviewed

Notes: _____