



Vacation Bible School Registration Form

STUDENT INFORMATION

Name

First Name

Last Name

M.I.

Gender

Grade completed by *

Have you previously attended VBS?

Yes

No

If yes, what year?

Home Church (if any)

Address

Street Address

Street Address Line 2

Primary Phone Number

City

State / Province

Please enter a valid phone number.

Postal / Zip Code

Secondary Phone Number

Please enter a valid phone number.

Grade completed by VBS date of Sibling 1

Grade completed by VBS date of Sibling 2

Birth Date of Sibling 1

Month Day Year

Birth Date of Sibling 2

Month Day Year

EMERGENCY CONTACTS

Please list the first and last names and phone numbers off ALL adults who are allowed to pick up this child. The child will only be released to these people.

Primary Guardian *

First Name

Last Name

Relationship to child *

Phone Number *

Alternate Guardian #1 *

First Name

Last Name

Relationship to child *

Phone Number *

Alternate Guardian #2

First Name

Last Name

Relationship to child

Phone Number

Medical Information

Please list all allergies -- or type "none" if there are none *

Does your child carry an epi-pen? (please note: if yes, it is the responsibility of the child's guardian to ensure the child has the epi-pen at every drop off and pick up) *

Yes

No

Please list all medical concerns -- or type "none" if there are none *

Additional Information

Please list the names of any other children (friends or family) that you would like placed in the same class as this child

VBS photos/videos are taken for promotional purposes related to Smyrna Baptist Church and Vacation Bible School. These pictures appear in various media outlets such as Facebook and our webpage. Do you allow your child to be included in these photos/videos? *

Yes

No

By submitting this form, I acknowledge I have read and understand the above information.