Vacation Bible School Registration Form

Child's Full Name: _____ Parent/Guardian Name(s): _____

Date of Birth: _____ Age: _____ Grade: _____

Address: _____

Primary Phone: _____ Work Phone: _____

Email Address: _____

Emergency Contact Name: _____ Phone: _____

Relationship to Child: _____

Allergies/Medical Conditions:

_____

Medications:

_____

Special Instructions or Needs:

_____

Persons Authorized to Pick Up Child:

_____

_____

Church Attended (if any): _____

PHOTO RELEASE

I grant permission for my child to be photographed during Vacation Bible School activities and for those images to be used by the church for ministry purposes.

☐ Yes ☐ No

Parent/Guardian Signature: _____ Date: _____

Email completed forms to pemorehead@gmail.com