Vacation Bible School Registration *Monday – Friday 8:45am-12:00pm*

Child In	formation:								
1							M	F	
Name: First Las 2.		Last		Date of Birth		Grade	M	F	
Name:	First	Last		Date of Birth		Grade			
3	First	Last		Date of Birth		Grade	M	F	
4	A		Date of Birth				M	F	
		Lasi		<i>Date of Birth</i>		Grade			
Address: Street/PO Box			City Who invited w	City State Who invited you to VBS?			Zip		
Prefe	rred Phone Nun	nber	•					 	
Mark th	ne annronria	ate grade <i>co</i>	Church you at <i>ompleted</i> . This		same arad	le they wil	l atte	nd at VRS:	
						Grade	ii accci	na at vbs.	
∐ Pre		Kindergart		st Grade					
 3 ^{ra} (Grade		I th Grade		5 th Grade				
			% 3 yr old class	es available f	for VBS vol	unteers onl	V*		
		an Informa							
Full Nam	e		Relationship	o Cel	ll Phone Nun	nber			
			<u> </u>				_		
			_				_		
F-mail add	dress of parent/	auardian"							
L man auc	aress or parerry	guarularri							
	11/-		Δddi	itional Info	rmation:				
			710101						
	Easthav	MS							
			Emergency Cor	Emergency Contact Information – name and phone number					
NIDO			Emergency contact Information - name and phone number						
			Primary Medica	l Provider (docto	nr)				
Allergies o	or food ingredier	nts to avoid and	any other medical	issues we need t	to know about	? Please list v	vith chila	d's name.	
Notes reg	arding pick-up.	Please tell which	h child.						
By regis	<u>tering my chi</u>	<u>ld for Vacatio</u>	n Bible School	<u>.</u>					
			tist Church will	·-		ny accident	or injur	ry that occur	
	•	•	ating in Vacatio						
			nild's leader to o	•	•	hild about \	/BS act	tivities.	
		•	otos taken durir	-					
			/, I authorize Vi ze measures tha						
the chi	ld.				·		-	•	
- I comn	nit to followir	ng the VBS pr	ocess for check	-in and check-	-out.				
						Date			
Sianature			Printe	d Name					

PPPP Please drop off completed form to the church office. 4444