

Vacation Bible School Registration

Monday – Friday 8:45am-12:00pm

Child Information:

1.	_____	_____	_____	M	F
Name:	First	Last	Date of Birth	Age	
2.	_____	_____	_____	M	F
Name:	First	Last	Date of Birth	Age	
3.	_____	_____	_____	M	F
Name:	First	Last	Date of Birth	Age	
4.	_____	_____	_____	M	F
Name:	First	Last	Date of Birth	Age	

Address: Street/PO Box _____ City _____ State _____ Zip _____

Who invited you to VBS? _____
Preferred Phone Number _____

Church you attend _____

Mark the grade each child has just completed.

Pre-K Kindergarten 1st Grade 2nd Grade
 3rd Grade 4th Grade 5th Grade

Nursery & the 2 & 3 yr old classes available for VBS volunteers only

Parent or Guardian Information:

Full Name _____ Relationship _____ Cell Phone Number _____

E-mail address of parent/guardian: _____



Additional Information:

Emergency Contact Information – name and phone number _____

Primary Medical Provider (doctor) _____

Allergies or food ingredients to avoid and any other medical issues we need to know about? Please list with child's name. _____

Notes regarding pick-up. Please tell which child. _____

By registering my child for Vacation Bible School...

- I understand that Easthaven Baptist Church will not be responsible for any accident or injury that occurs to me or my family while participating in Vacation Bible School.
- I authorize the church and the child's leader to occasionally contact my child about VBS activities.
- I authorize the church to use photos taken during VBS for promotion.
- In case of accident or emergency, I authorize VBS leaders to take my child to a physician or hospital for emergency treatment. I authorize measures that are deemed necessary for the safety and protection of the child.
- I commit to following the VBS process for check-in and check-out.

Signature _____ Printed Name _____ Date _____

▶▶▶▶ Please drop off completed form to the church office. ◀◀◀◀

Or email it to: tturner@easthaven.org