



# Registration Form

**AGE** \_\_\_\_\_  
**Last Grade Completed in School** \_\_\_\_\_

**Child's Name** \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Phone Numbers

**Home** \_\_\_\_\_ **Cell** \_\_\_\_\_

## Emergency Contacts

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

## Dismissal Information

Who may pick up your child at the end of each VBS Day \_\_\_\_\_  
\_\_\_\_\_

## Medical Information

Medical or other information we need to know.  
(Please include food allergies)  
\_\_\_\_\_  
\_\_\_\_\_

Hospital preference: \_\_\_\_\_

By signing below, you give permission for your child to be treated by Vacation Bible School Staff with basic first aid for any accident/injury until medical help arrives:

\_\_\_\_\_

## Other Information

By signing below, you give permission for your child to be photographed while at Mars Hill Baptist Church Vacation Bible School:

\_\_\_\_\_

