

Apostolic-Bethlehem Ministries VBS Registration Form

Child's Name: _____ Male or Female

Grade Completed: _____ Birthday: _____ Age: _____

Parent's Name(s): _____

Home Address: _____

Home Phone: (_____) _____ Alternate Phone: (_____) _____

Emergency Contact Person: _____ Relationship to Student: _____

Home Phone: (_____) _____ Alternate Phone: (_____) _____

Food Allergies: Yes No - If yes, list: _____

Medical Concerns: Yes No - If yes, explain: _____

Family Doctor: _____ Doctor's Phone: (_____) _____

Siblings Attending VBS (Names and Ages):

- | | | |
|----------------|------------|----------------|
| 1. Name: _____ | Age: _____ | Male or Female |
| 2. Name: _____ | Age: _____ | Male or Female |
| 3. Name: _____ | Age: _____ | Male or Female |
| 4. Name: _____ | Age: _____ | Male or Female |
| 5. Name: _____ | Age: _____ | Male or Female |

Church Membership At: _____

Person(s) Name(s) Who May Pick up the Child:

- | | |
|----------------|--------------|
| 1. Name: _____ | Phone: _____ |
| 2. Name: _____ | Phone: _____ |

Vacation Bible School (VBS) leaders have permission to photograph/film the minor(s) designated above for any lawful purpose associated with this VBS program.

Thank you for giving us the opportunity to teach your child(ren) more about God and give them the opportunity to have fun at the same time that they learn!

Parent Signature: _____ **Date:** _____