

Vacation Bible School Registration

(one form per child please)

Child's Name: _____

Last Grade Completed: _____

Date of Birth: _____ Age: _____

Parent(s) / Guardian(s): _____

Home Address: _____

Home Phone: _____ Alternate Phone: _____

Emergency Contact: _____ Phone: _____

Relationship to Student: _____

Home Phone: _____ Alternate Phone: _____

Food Allergies: Y ___ N ___ List: _____

Medical Concerns: Y ___ N ___ List: _____

O.H.I.P. Number: _____

Family Doctor: _____ Phone: _____

Siblings Attending VBS (names & ages): _____

Church Affiliation: _____ Church Membership at: _____

Person(s) who may pick up the child: _____

Attendance (for the teacher): M ___ T ___ W ___ T ___ F ___

VBS leaders have permission to photograph / film the minor designated above in any manner or form for any lawful purpose associated with this VBS program at Pilgrim Lutheran Church, Hamilton.

Parent's Signature: _____ Date: _____

_____ Date: _____