



VACATION
BIBLE
SCHOOL
REGISTRATION

Name of Child: _____

Mother's Name: _____ Father's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home telephone: (_____) _____

Cell phone: (_____) _____

E-mail address: _____

Date of Birth: _____

Last school grade completed: _____

In case of emergency, contact: _____

Emergency contact phone number: _____

Allergies or other medical conditions: _____

Name of a special friend your child might like to be with: _____

Parish or other church of friend: _____

Payment included _____ Payment to be paid first night _____ Payment put in collection _____