## Vacation Bible School Registration

Child's name	One form per child, please.
	Age
Parents' names	<del></del>
Home address	
Home phone	Alternate phone
Emergency contact person	Relationship to student
Home phone	Alternate phone
Food allergies (Y) (N) (List:)	
Medical concerns (Y) (N (Explain:)	
Family doctor	Doctor's phone
Siblings attending VBS (names and ages)	
Church affiliation	Church membership at
People who may pick up the child	
Transportation needed? (Y)	Attendance 1 2 3 4 5
VBS leaders have permission to photograph/film the minor (s) des	signated above in any manner or form for any lawful purpose associated with this VBS program.
Parent's signature	

**REGISTRATION FORM.** Find this form in the Fill-in PDF Folder on the *Director CD*. Copyright © 2010 Concordia Publishing House. Permission granted for purchaser to make copies for the year the VBS program is purchased.