

Participant Registration Form

From Above - Vacation Bible School

Child Information:

Age: _____ Grade Completed: _____

First Name _____ Last Name _____ Nickname _____
Street Address _____ City _____ Zip Code _____ Phone Number _____
Date of Birth _____ Yes No _____
Is this child baptized? _____ If yes, date of Baptism _____

Parent/Guardian Information:

First Name _____ Last Name _____ Email Address _____
Street Address (if different from above) _____ City _____ Zip Code _____ Daytime Phone _____
Home Church (Name, City) _____ Pastor's Name _____
Emergency Contact _____ Phone Number _____ Relationship to Child _____
Parent/Guardian Signature _____ Date _____

Unless otherwise instructed in writing, only the child's parent/guardian (listed above) may pick up this child after Vacation Bible School each day.

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