

Children of the Bible Registration Form

(one per family)

Children attending Vacation Bible School:

| Full Name | Age |
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| | |

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: _____ Cell phone: _____

Home e-mail address: _____

Number of family members participating: _____

Will parents be helping in VBS? Yes ___ No ___ Where? _____

In case of emergency, contact: _____

Allergies or other medical conditions: _____

Home church: _____

Class Group (for church use only): _____

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