



VACATION BIBLE SCHOOL
REGISTRATION FORM

SURF SHACK, 8 – 12 August 2016:

CHILDS NAME (First and Last) _____

AGE _____ **LAST GRADE COMPLETED** _____ **GENDER** _____

PARENT/ GUARDIAN NAME _____

ADDRESS _____

ALTERNATE CONTACT NAME _____

CONTACT PHONE NUMBER(S) _____

CONTACT EMAIL _____

OTHER CONTACT INFORMATION _____

DOES CHILD HAVE ANY ALLERGIES or HEALTH CONCERNS (please list and explain)

WILL MEDICATION OR EPI PEN BE PROVIDED _____

EMERGENCY CONTACT _____

HOME CHURCH Clarksbury Philippi Zoar Other _____

T-shirt Size YS YM YL AS AM AL AXL A2XL

Is there any other information you feel is important we should know?

SIGNATURE: _____ ***Date:*** _____