

Vacation Bible School

Registration Form

WHERE: Boger City Baptist Church

WHEN: June 19-23, 2017

VBS TIME: 6:00am – 8:20pm

Student Name: _____

Student's date of birth: _____ Grade last completed: _____

Home address: _____ City: _____ Zip: _____

Parents name: _____ Home ph #: _____

Email: _____ Cell ph#: _____

In case of emergency contact:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Allergies or other medical conditions: _____

Name of church you attend: _____

Who can pick up your child from VBS? _____

May we have permission to photograph your child? Yes No

If yes, may we have permission to use photograph in church promotions/publications? Yes No