

Vacation Bible School

Enrollment Form

Name _____

Address _____

Phone Number _____

Birthdate _____

Last grade completed in school _____

Do you go to Sunday School? _____

If so, where? _____

Medical/Allergies or other information we need to know:

In the event of an emergency, we should call:

Name: _____ Phone Number _____

Name: _____ Phone Number _____

Dismissal Information: Who may pick up your child at the end of each VBS day?

May we have permission to photograph your child? Yes No

May we have permission to use your child's photograph for the purpose of promotion? Yes No

Must be signed by Parent or Guardian:
