



# VACATION BIBLE SCHOOL

## JUNE 15 - 19, 2015

CHILD'S NAME: \_\_\_\_\_

CHILD'S AGE/GRADE: \_\_\_\_\_

Parent / Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Any medical information, allergies, etc: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contacts, other than listed above (names & phone numbers):  
\_\_\_\_\_  
\_\_\_\_\_

Who may pick up your child after VBS each night?  
\_\_\_\_\_

Do you regularly attend church? If so, where?  
\_\_\_\_\_

May we have permission to photograph your child during VBS?      YES    or    NO