

VACATION BIBLE SCHOOL REGISTRATION

Child's Name: _____ (1 Form Per Child)

Grade Completed: _____ Birthday: _____ Age: _____

Parents Names: _____

Home Address: _____

Home Phone No.: _____ Alt. Phone No. _____

Emergency Contact Person: _____ Relationship to Student: _____

Emergency Phone No.; _____ Alt. Emergency Phone #: _____

Food Allergies: (Y) (N) (List): _____

Medical Concerns: (Y) (N) List: _____

Family Doctor: _____ Doctor's Phone # _____

Siblings attending VBS (Names and Ages): _____

Church Affiliation: _____ Church Membership at: _____

People who may pick up the child: _____

VBS leaders have permission to photograph/film the minors or form for a lawful purpose associated with this VBS program.

Parent's Signature

Date

Please return this form to:
Dianne DiMauro
691 Lakefront Circle
Smithville, NJ 08205-3316

or scan and email to:
twondimauro@comcast.net
Questions? Call (609) 674-3561