Vacation Bible School Registration Form

Child's Name: _____

Physical Address: _____

Mailing Address (if different): _____

Mother/Guardian Name: _____ Cell Phone: _____

Email: _____

Father/Guardian Name: _____ Cell Phone: _____

Email: _____

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Medical Conditions/ALLERGIES: _____

_____

Does child have an Epi-Pen? _____

Emergency Contact (In the case that Parent/Guardian can't be reached):

Name: _____ Phone number: _____

Who may pick up your child in case you were detained from doing so? *For your child to be released to the person named below they must first show a picture id, such as their drivers licenses.*

Please include their first and last names.

Name: _____ Cell Phone: _____

_____

Parent/Guardian Signature

Security Number: _____ Crew Leader: _____ Crew: _____

Additional Children:

Child's Name: ____

Age: _______ **Grade Just Completed:** ________

Medical Conditions/ALLERGIES: ____

____ **Epi-Pen:** __________

Security Number: _________ **Crew Leader:** __________________________________ **Crew:** _________

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Child's Name: ____

Age: ______ **Grade Just Completed:** ________

Medical Conditions/ALLERGIES: ____

____ **Epi-Pen:** _________

Security Number: ________ **Crew Leader:** __________________________________ **Crew:** __________

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Child's Name: ____

Age: _______ **Grade Just Completed:** ________

Medical Conditions/ALLERGIES: ____

____ **Epi-Pen:** __________

Security Number: _________ **Crew Leader:** __________________________________ **Crew:** __________

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Parent/Guardian Signature