

Chapel by the Bay

Vacation Bible School Pre-Registration

*Child's Name: _____
(One form per child, please)

*Grade Completed: _____ Birthday: _____ I _____ I _____ * Age: _____

*Parent's Name(s): _____

Home Address: _____

*Phone : (_____) _____

*Emergency Contact Person: _____ Relationship: _____

*Phone: (_____) _____

*Food Allergies: _____ Yes _____ No If yes, explain _____

*Medical Concerns: _____ Yes _____ No If yes, explain _____

*Person(s) Name(s) Who May Pick Up the Child:

* 1. Name _____ Phone: _____

* 2. Name _____ Phone _____

Vacation Bible School (VBS) leaders have permission to photograph or video the minor(s) designated above for any lawful purpose associated with this VBS program.

*Parent Signature _____ Date _____