

Vacation Bible School Registration
5-8pm [Dinner Included]

Sun. July 16th - Wed. July 19th

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

Grade Completed: _____ Birthday: ____ / ____ / ____ Age: _____

Parent's Name(s): _____

Home Address: _____

City _____ State _____ Zip _____

Email _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Emergency Contact Person: _____ Relationship to Student: _____

Home Phone: (_____) _____ Alternate Phone: (_____) _____

⇒ Food Allergies: { } Yes { } No - If yes, list: _____ ⇐

Medical Concerns: { } Yes { } No - If yes, explain: _____

Family Doctor: _____ Doctor's Phone: (_____) _____

Siblings Attending VBS (Names and Ages):

Name: _____ Age: _____

Name: _____ Age: _____

Affiliation: _____ Church Membership At: _____

Person(s) Name(s) Who May Pick up the Child:

Name: _____ Phone: _____

Name: _____ Phone: _____

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

Parent Signature: _____ Date: _____

Email this Copy: admin@chapelbythebay.com

Download It: Chapelbythebay.com

Mail this Copy: Chapel By The Bay, PO BOX 2946, Surf City, NC 28445

Drop it Off: Chapel By The Bay, 216 Michigan Avenue, Surf City, NC 28445