



Bethel Baptist Church
Vacation Bible School Registration
June 4 - 8

CHILD'S NAME _____ GRADE COMPLETED _____

MOTHER & FATHER _____

HOME ADDRESS _____
Street City Zipcode

HOME PHONE _____ CELL PHONE _____

EMAIL _____

DO YOU ATTEND CHURCH? _____ NAME OF CHURCH _____

EMERGENCY CONTACT Name Phone Number _____

WHO MAY PICK UP YOUR CHILD AT DISMISSAL TIME?

PLEASE LIST THE FOLLOWING:

FOOD ALLERGIES _____

MEDICAL CONDITIONS: _____

DO WE HAVE PERMISSION TO PHOTOGRAPH YOUR CHILD? YES NO

CAN WE ADD YOUR INFORMATION TO OUR CHURCH INFORMATION FOR FUTURE
ACTIVITIES? YES NO