

## Vacation Bible School Registration

Date \_\_\_\_\_

Name \_\_\_\_\_ M-F Telephone \_\_\_\_\_  
Last First City Zip

Address \_\_\_\_\_

Age \_\_\_\_\_ School grade completed \_\_\_\_\_ Begins Kindergarten this year \_\_\_\_\_ Birthday \_\_\_\_\_

Name of parent or guardian \_\_\_\_\_ Emergency \_\_\_\_\_  
Name Phone

Child care person \_\_\_\_\_ Telephone \_\_\_\_\_

Attends \_\_\_\_\_ Sunday School. Cell Phone # \_\_\_\_\_ for \_\_\_\_\_

### Health Information

Check if applicable:

Allergies \_\_\_\_\_ Bee sting \_\_\_\_\_ Hay fever \_\_\_\_\_

Food \_\_\_\_\_

Asthma \_\_\_\_\_

Other \_\_\_\_\_

On medication? \_\_\_\_\_ What? \_\_\_\_\_

What action is necessary? \_\_\_\_\_

(For church office use)

Attendance:

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ Days present \_\_\_\_\_

Assigned to Dept. \_\_\_\_\_ Class \_\_\_\_\_

Teacher \_\_\_\_\_ Room \_\_\_\_\_

Form can be e-mailed to [donna@venturachurchofchrist.org](mailto:donna@venturachurchofchrist.org) or faxed to 642-2343