

REGISTRATION FORM

(One Per Child)

Child's Name: _____ Gender _____

Age: _____ Date Of Birth: _____ Grade: _____

Name Of Parents: _____

Street Address: _____

City: _____ State: _____ Zip: _____

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

Email: _____

Home Church: _____

Emergency Contact if different from above:

Name: _____ Phone:(_____) _____

Relation to child _____

Allergies or other medical conditions: _____

Name of siblings if also attending VBS _____

My child has my permission to be photographed and recorded for the purpose of VBS only. Yes ___ No ___

Child's Mode of Transportation to & From VBS:

**Walk__ Church Van Pick Up:__ Parent's Vehicle__
Other(Please be specific)_____**

(Church use only)

CREW NUMBER OR NAME:_____

Transportation Release:

**I/We the undersigned understand that the
Lebanon Community Bible School will take place at
Greater Mount Olive Missionary Baptist Church. I/We
do hereby give permission for my child
_____ to be transported To/From
Vacation Bible School on the church van.**

Parent's Name (Printed)_____

(Signature)_____

Date:_____