

VACATION BIBLE SCHOOL  
Registration Form

Members and Visitors, please register:

Child's Name: \_\_\_\_\_ Grade completed \_\_\_\_\_  
Address: \_\_\_\_\_ Phone \_\_\_\_\_  
City/State/ZIP \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: M F Church Home \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Relation to Child \_\_\_\_\_  
Guest of: \_\_\_\_\_

Food allergies or other health related information. Please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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