



Vacation Bible School Registration Form 2021



Student's Name: _____ Gender: Male Female

Date of Birth: ____/____/____ Last School Grade Completed: _____

Parent/Guardian Name: _____ Phone:(____) _____

Email: _____ Alt. Phone:(____) _____

Address: _____

Emergency Contact Name: _____ Phone:(____) _____

Allergies / Medical Concerns: _____

Do the Community Church staff and Vacation Bible School volunteers have your permission to photograph/video your child during the week of Vacation Bible School? All photos and video are used for internal promotion and advertising. No pictures will be posted to social media without the express permission of the guardian. Yes No

Do you have a family you would like your children to be placed with in their Crew? If so, who?
(Please give us a full name of guardian and child)

Who is authorized to pick up your child?

Name Phone Number Relationship to Child

Name Phone Number Relationship to Child

Name Phone Number Relationship to Child