



Believers Chapel VBS Registration Form

1) Name _____ Age _____ Grade Completed _____ Birthdate _____
 2) Name _____ Age _____ Grade Completed _____ Birthdate _____
 3) Name _____ Age _____ Grade Completed _____ Birthdate _____
 4) Name _____ Age _____ Grade Completed _____ Birthdate _____
 5) Name _____ Age _____ Grade Completed _____ Birthdate _____
 6) Name _____ Age _____ Grade Completed _____ Birthdate _____

Address _____ City/State/Zip _____

Parent(s)/Guardian(s) _____ Cell # _____

Phone (hm) _____ Phone (wk) _____ Cell # receives text? Y/N _____

Email address _____

Emergency Contact (other than parent) _____ Emer. Phone _____

Home Church _____ Invited by _____

We may ask you to show a Driver's License on pickup if we cannot associate your child with you or designated pickup person, especially for PK-K. Please list all possible persons authorized to pick up your child. This is for the child's safety and everyone's peace of mind.

1) Name _____ DL # _____

2) Name _____ DL # _____

3) Name _____ DL # _____

MEDICAL RELEASE

Doctor's Name _____ Phone _____

Child's Name	Known Conditions	Allergies	Additional Info
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In case of a medical emergency*, I hereby give my permission to the physician selected by the VBS Director(s) to secure proper treatment and/or hospitalization for my child(ren) _____

Signature of parent or legal guardian _____ Date _____

**The VBS Director(s) will make every attempt to reach the parent/legal guardian listed, or the emergency contact listed above.*

Please return completed form to church office