

VACATION BIBLE SCHOOL REGISTRATION FORM

NAME: _____ DATE OF BIRTH: ____/____/____

GENDER: M F SCHOOL: _____ COMPLETED GRADE: _____

PARENT NAME(S): _____

ADDRESS: _____ CITY: _____ STATE: ____ ZIP: _____

CELL PHONE: _____ HOME PHONE : _____

EMAIL ADDRESS: _____ EMERGENCY CONTACT #: _____

LIST ANY SIBLING(S), COMPLETED GRADE, AND BIRTH DATE BELOW:

DO YOU REGULARLY ATTEND CHURCH? Y N IF SO, WHERE? _____

HOW DID YOU HEAR OF INDIAN SPRINGS? _____

LIST ANY ALLERGIES OR SPECIAL CONDITIONS WE NEED TO BE AWARE OF ON THE SPACE PROVIDED.

DO YOU GRANT INDIAN SPRINGS BAPTIST CHURCH PHOTO AND VIDEO PERMISSION OF YOUR CHILD TO BE USED BY INDIAN SPRINGS MEDIA MINISTRY? Y N

PARENT SIGNATURE: _____

