

Booneville Church of Christ
Great Bible Stories and the Truths They Tell
Vacation Bible School 2019
Registration Form

*One Form Per Family

Child 1: _____ Age: _____ Last Grade Completed _____

Child 2: _____ Age: _____ Last Grade Completed _____

Child 3: _____ Age: _____ Last Grade Completed _____

Child 4: _____ Age: _____ Last Grade Completed _____

Parent's
Name(s): _____

Home
Address: _____

Best Contact Number: (____) _____

Emergency Contact: _____ Phone Number: (____) _____

Please list any medical concerns/allergies (List by child's name)

Attend church at: _____

Person(s) Name(s) Who May Pick up the Child:

1. Name: _____ Phone Number: (____) _____

2. Name: _____ Phone Number: (____) _____

Transportation Needed: _____ Yes _____ No

I give my child(ren) permission to attend Vacation Bible School at Booneville Church of Christ.

I give Booneville Church of Christ VBS workers permission to photograph or film my child(ren) for any purpose associated with VBS.

Thank you for giving us the opportunity to teach your child(ren) more about God and give them the opportunity to have fun and learn at the same time!

Parent Signature: _____ Date: _____