



Vacation Bible School

Anna Heights Baptist Church

Registration Form

Monday-Friday
July 21-July 25
6:00-8:30 p.m.

REGISTRATION FORM

Child's Name _____

Address _____

City _____ State _____ Zip _____

Birthday _____ Age _____ Last Grade Completed _____ Male/Female _____

EMERGENCY INFORMATION

Parent/Guardian Name _____

Mobile Phone _____ Work Phone _____

Emergency Contact (other than Parent/Guardian) _____

Relationship to child _____

Home Phone _____ Mobile Phone _____

Special Concerns (allergies, medications, medical conditions etc.)

TRANSPORTATION INFORMATION

Who may pick up your child at the end of each VBS day?

Do you need your child picked up or dropped off? Yes ☐ No ☐

Pickup/Drop off Location _____

Please mark the one that applies to your family:

Attend Anna Heights ☐ Attend another church ☐ Do not attend anywhere ☐