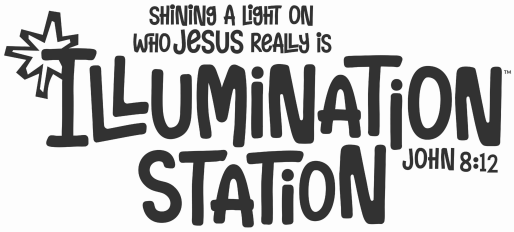

Vacation Bible School
Anna Heights Baptist Church
Registration Form

Monday-Friday
July 27-July 31
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 ☐