



Vacation Bible School Registration Form

Victory Baptist Church

✂ Child 1's Name _____ grade in fall _____

Age _____ Allergies/medical notes _____

✂ Child 2's Name _____ grade in fall _____

Age _____ Allergies/medical notes _____

✂ Child 3's Name _____ grade in fall _____

Age _____ Allergies/medical notes _____

✂ Child 4's Name _____ grade in fall _____

Age _____ Allergies/medical notes _____

✂ Child 5's Name _____ grade in fall _____

Age _____ Allergies/medical notes _____

Parents/Guardians Names _____

Address _____

Home Phone _____ Cell Phone _____

Email Address _____

Emergency Contact (if different from above) _____

Home Church _____

How did you hear about our VBS? _____

I give my permission for photos of the children listed above to appear in print, on displays,
or on the Victory Baptist website _____

Parent/Guardian signature