

**CULTIVATE COMMUNITY CHURCH VACATION BIBLE SCHOOL REGISTRATION FORM**

CHILD'S NAME: \_\_\_\_\_

GRADE COMPLETED: \_\_\_\_\_ AGE: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

CONTACT PERSON AND EMERGENCY PHONE NUMBER WHILE CHILD IS IN VBS: \_\_\_\_\_  
\_\_\_\_\_

Any Allergies? \_\_\_no \_\_\_ yes (if yes, to what?) \_\_\_\_\_

Any special requirements for allergies? \_\_\_\_\_

Any foods child should not have? \_\_\_\_\_

Can your child participate in recreation? \_\_\_ yes \_\_\_ no

My child has permission to walk home after VBS \_\_\_ no \_\_\_ yes

Regular attender of church (please list) \_\_\_\_\_

**I GIVE THE ABOVE NAMED CHILD PERMISSION TO ATTEND/PARTICIPATE IN VBS.**

Signed \_\_\_\_\_

(If there is anyone who should not pick up child after VBS, please contact the VBS Director personally.)

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