



**Freedom Baptist Church Vacation Bible School 2018 Registration**

Child's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_  
 Zip Code \_\_\_\_\_  
 Birthday \_\_\_\_\_

Emergency Contacts  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Emergency Contact Numbers  
 \_\_\_\_\_  
 \_\_\_\_\_

Food, Drug, or Allergy Information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Persons Authorized to Pick Up Child: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Grade Entering in August  
 Please Circle

Pre-K3	Pre-K4	Kindergarten
First	Second	Third
Fourth	Fifth	Sixth

Special Instruction/Notes:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

By signing this registration form, I give permission for my son/daughter to attend Vacation Bible School at Freedom Baptist Church. In the event of injury, I release Freedom Baptist Church from any claim. I give permission for the person in charge to seek medical services, if needed.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Photos taken at this activity of my child may be used on the church website and social media sites.

