

Vacation Bible School Enrollment Form

Name _____

Address _____

Phone Number _____

Birthdate _____

Last grade completed in school _____

Do you go to Sunday School? _____

If so, where? _____

Medical/Allergies or other information we need to know:

In the event of an emergency, we should call:

Name: _____ Phone Number _____

Name: _____ Phone Number _____

Must be signed by Parent or Guardian:
