



Registration Form
Vacation Bible School
July 7th - 11th (6:30 pm - 9:00 pm)
Grades: K - 6th

Child's Name: _____ **Wavier Signed: YES** **NO**

Child's Age: _____ **Birth Date:** _____ **Grade Completed:** _____

List any Allergies: _____

Siblings Names & Ages: _____

PARENT/GUARDIAN NAME: _____

Last

First

Address: _____

City/State: _____ **Zip Code** _____

Phone _____

Cell Phone _____

Email Address _____

Emergency Number _____ (Where to be reached during VBS)

Presently attend which Church: _____

I/We Do Not Attend Church: **please check**

I/We would like to be contacted by Dale City Baptist Church: YES **NO**

Permission Slip

I give permission for the above named children to participate in games and any other Vacation Bible School activities at Dale City Baptist Church on July 7 through July 11, 2008. I release Dale City Baptist Church and the workers involved from any possible liability.

Signature: _____ **Date:** _____