

Vacation Bible School

Chehalis Seventh-day Adventist Church

2022 REGISTRATION FORM

Monday, July 18 --- Tuesday, July 19 --- Wednesday, July 20 --- Thursday, July 21 --- Friday, July 22 --- Saturday, July 23

CHILD AND PARENT/GUARDIAN INFORMATION

Child's Last Name:	First Name:	Date of Birth:	Age:	Grade in Fall 2022:

Address: Street/PO Box	City, State	Zip Code

Parent/Guardian Name:

Address: Street/PO Box	City, State	Zip Code

Home Phone:	Cell Phone:	Work/Other Phone:

Email:

MEDICAL INFORMATION

Please indicate any specific concerns about your child's allergies, medical concerns, cognitive disabilities, history of trauma or abuse, behavioral diagnosis, etc... including if they will carry Epi-pens or Inhalers:

EMERGENCY CONTACTS

Name:	Phone Number:	Relationship to the Child:

DISMISSAL INFORMATION

Name the person(s) who may pick up this child/children from VBS each day:

Name:	Phone Number:	Relationship to the Child:

PERMISSION

Yes, I give permission for my child to be photographed or videotaped as part of VBS activities. I recognize that his/her image may appear in a church or community publication:

Parent/Guardian Signature:	Date: