

Participant Registration Form

Higher Things - Vacation Bible School

Child Information:

Age: _____ Grade Completed: _____

First Name _____ Last Name _____

Nickname _____

Street Address _____ City _____ Zip Code _____

Phone Number _____

Date of Birth _____

Yes No
Is this child baptized?

If yes, date of Baptism _____

Parent/Guardian Information:

First Name _____ Last Name _____

Email Address _____

Street Address (if different from above) _____ City _____ Zip Code _____

Daytime Phone _____

Home Church (Name, City) _____

Pastor's Name _____

Emergency Contact _____ Phone Number _____

Relationship to Child _____

Parent/Guardian Signature _____

Date _____

Unless otherwise instructed in writing, only the child's parent/guardian (listed above) may pick up this child after Vacation Bible School each day.

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