

Frazier Baptist VBS Registration Form 2025



Parent's/Guardian Name _____

Address _____

City/State Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ E-Mail _____

LIST CHILDREN ATTENDING VACATION BIBLE SCHOOL

First Name	Last Name	Birthday MONTH/DATE/YEAR	Age	Last Grade Completed	Medical Info/ Allergies Please include food allergies

EMERGENCY CONTACTS (Other than listed above)

Name _____ Phone Number _____

Name _____ Phone Number _____

DISMISSAL INFORMATION

- ☐ Bus Rider
- ☐ Picked Up
- ☐ Rides with VBS Worker

Who may pick up your child at the end of each VBS day?

OTHER INFORMATION

Does your family attend Sunday School? If so where?

If your child/children are visiting our church, who is he/she a guest of?

May we have permission to photograph your child?

____ YES ____ NO

May we have permission to use your child's photograph for a Vacation Bible School slide show for church and a craft that will be sent home? ____ YES ____ NO