Frazier Baptist VBS Registration Form 2024



Parent's/Guardian Nan	ne				BEACK "
Address					
City/State Zip	·				
Home Phone	Cell Phone				
Work Phone		E-Mail			
LIST CHILDREN ATTEN	DING VACATION BIE	BLE SCHOOL			
First Name	Last Name	Birthday MONTH/DATE/YEAR	Age	Last Grade Completed	Medical Info/ Allergies Please include food allergies
EMERGENCY CONTACT	S (Other than listed	above)			
Name		Phone Nu	mber		
Name		Phone Nu	mber		
DISMISSAL INFORMAT □ Bus Rider □ Picked Up □ Rides with VBS Wor Who may pick up your	ker	ach VBS day?			
OTHER INFORMATION Does your family attended	d Sunday School? If	f so where?			
If your child/children a	re visiting our churc	ch, who is he/she a	guest o	of?	
May we have permissionNO May we have permission			/acatio	n Bible Schoo	ol slide show for
church and a craft that			NO	. Dible School	J. SHAC SHOW IOI