

FREEDOM HILL BAPTIST CHURCH



VBS STUDENT REGISTRATION FORM

Child's Name: _____

Child's Age: _____ DOB: _____ Grade in School: _____

PARENT /GUARDIAN INFORMATION

Parent/Guardian Name: _____

Cell Phone: _____
Phone: _____

Home

Email: _____

Preferred Contact Method: _____

EMERGENCY INFORMATION

Emergency Contact # 1 _____
Phone: _____

Emergency Contact # 2 _____
Phone: _____

Doctor: _____

Phone: _____

Allergies / Medications / Special Needs: _____

DISMISSAL / PICKUP

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

Name: _____

Relationship: _____

Name: _____

Relationship: _____

By signing this form and returning it to Masham First Baptist Church, I am giving my permission for my child to be enrolled in the church's Vacation Bible School 2025.

PARENT / GUARDIAN SIGNATURE

Parent: _____ Date: _____