

**OAK GROVE BAPTIST CHURCH**  
**VBS REGISTRATION**

Student's Name: \_\_\_\_\_

Student's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Work Phone: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Medical Information (food allergies, medications, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Doctor's Name and Phone Number: \_\_\_\_\_

Name of Home Church: \_\_\_\_\_

Do You Currently Attend Sunday School? Yes No (Circle One)

Other than Parent or guardian, who may pick up this child at the end of Bible School each day?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

WE MUST BE ABLE TO REACH SOMEONE AT ALL TIMES IF ANY CHANGES, LEAVE WRITTEN  
INFORMATION IN THE CHURCH OFFICE PLEASE

**In addition to this form, each participant must also complete a children's medical release form.**