

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.