

Date: _____



PRE-REGISTRATION FORM – 2017 VACATION BIBLE SCHOOL

(ADULT CLASS – Please complete lines 1-5)

- 1. Name: _____
- 2. Address: _____
- 3. City/Zip Code: _____
- 4. Home Phone: _____
- 5. Cell Phone: _____

PRE-SCHOOLERS THRU SENIORS

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Emergency Phone: _____ Contact Person: _____

Number of Siblings Attending: _____

Name: _____ Age: _____ Last Grade Completed: _____

Name: _____ Age: _____ Last Grade Completed: _____

Name: _____ Age: _____ Last Grade Completed: _____

Name: _____ Age: _____ Last Grade Completed: _____

Name: _____ Age: _____ Last Grade Completed: _____

Allergies / Medical Condition(s) / Medications:

Family Doctor/Hospital: _____

Phone Number: _____

Is Transportation Needed? Yes _____ No _____

DEADLINE to Pre-register --- June 4, 2017

(Please give completed pre-registration form to Dea. Donald Darby or Sis. Shirley Norman)