

Lee's Summit Bible Church Registration (VBS)

Please Clearly Print All Information

For Registration
Use Only

Class
Assignment:

First Name _____ Last Name _____

Address _____

City _____ State _____ ZIP _____

e-mail address _____

Child's Age _____ School Grade This Fall _____

Birthdate ____/____/____ School Attending This Fall _____

Parent(s) or Guardian(s) _____

Home Phone _____ Cell _____ Work _____

Home Church: _____

Please list any restricted foods or food allergies **INCLUDING** food sensitivities and severity (slight, moderate, severe) using the back of this form if necessary:

_____	_____
_____	_____
_____	_____

Please list any medical or special conditions that we may need to be aware of:

Emergency Contact Name(s) & Number(s):

_____	_____
_____	_____

Please list all people who are authorized to pick up this child from Vacation Bible School:

_____	_____
_____	_____

Other Information (Use Back If Necessary):