



FIRST BAPTIST CHURCH OF STRATFORD 2017 VACATION BIBLE SCHOOL (VBS) REGISTRATION

Turn in the registration form to any disciple of the Christian Education Ministry, or fax it to the church office at 203-377-5750 or call 203-377-1441.

Child's Name _____

Grade Completed _____ Birthday _____ Age _____

Parents' names _____

Home address _____

Home phone _____ Alternate Phone _____

Email address _____

Emergency Contact Person _____ Relationship to Child _____

Home phone _____ Alternate Phone _____

Food Allergies (List) _____

Medical Concerns _____

Hospital Affiliation _____

Family Doctor _____ Doctor's phone # _____

Siblings Attending Vacation Bible School (names/ages) _____

Church affiliation _____

People who may pick up child (include phone number: _____)

Attendance 1st Week (check all that apply) Mon____, Tues____, Wed____. Thurs____ Fri____

Attendance 2nd Week (check all that apply) Mon____, Tues____, Wed____. Thurs____ Fri____

VBS leaders have permission to photograph/film the minor(s) designated above in any manner or form for any lawful purpose associated with this VBS program. Please initial_____.

Parents/Guardian signature _____