

EventVacation Bible School 201	19	Date		
Child's Name(Last, First)		Date of Birth	Sex M 🗆 F 🗆	
(Last, First)		Age	Grade (just completed)	
Child's Name			Sex M 🗆 F 🗆	
(Last, First)		Age	Grade (just completed)	
Child's Name(Last, First)		Date of Birth	Sex M 🗆 F 🗆	
(LdSL, FIISL)		Age	Grade (just completed)	
Address				
Home phone	Cell phone(s)			
Email				
Mother/Guardian	,			
Last	First			
Father/Guardian				
Last	First			
The following persons are authorized to pick up my child (must show identification):				
Emergency Contacts Information				
Name	Relationship to child	C	ontact #	
Name	Relationship to child	C	ontact #	
Health Information (Allergies/Medical Condition for each child):				
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I live 5 miles from PVBC and authorize my child transportation to and from VBS each night by the church.				
I give authorization for my child to have his/her picture taken by camera, cell phone, or video.				
I authorize Pleasant Valley Ba any other form of advertising	•	ures of my child	for flyers, newspaper, Facebook, or	
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The information provided on this form is accurate to the best of my knowledge.				
Cinatura				
Signature Date How did you have about our Vacation Piblo School?				
now did you near about our vaca	How did you hear about our Vacation Bible School?			