

Fellowship Baptist Church Vacation Bible School Registration

Child's Name:			
Address:			
City:		State:	
Parent/Guardian:			
Emergency Contact:		Alternate Contact:	
Home:	Cell:	Home:	Cell:
Child's age (preschool) / Completed Grade :			D.O.B:
Who will pick up child each night?			
Alternate pick-up(s):			
ALLERGIES?			
Will your child be eating FREE dinner with us Monday - Thursday? Yes No			