

Vacation Bible Experience Registration Form at Church of Our Saviour

Pre-K through 5th Grade
July 28 - August 1, 2025
9:00 am until 12:00 noon



One Form Per Participant

Full Name of Child

Date of Birth

Age

Grade

Gender

School

Language(s) Spoken

Home Address

City, ST Zip

Parent One Name

Parent One Cell Phone

Parent One Employer

Parent One Work Phone

Parent Two Name

Parent Two Phone

Parent Two Employer

Parent Two Work Phone



Vacation Bible Experience Registration Form



Emergency Contacts

Emergency Contact Name (Not Parent)

Phone Number

Name of Pediatrician/Family Physician

Phone Number

Address

City, ST Zip

Health Insurer Name

Policy/ID Number

Please List Allergies (Food, Medicine, Etc.) or Other Medical Concerns

Please List Person(s) Who May Pick Up Child From VBX

Photo/Social Media Release

I/We the undersigned authorize Church of Our Saviour to legally use images of my/our child registered for Vacation Bible Experience on this form for publicity, social media, brochures, advertising, web content, materials, publications, etc.,.

Signature Parent One

Signature Parent Two