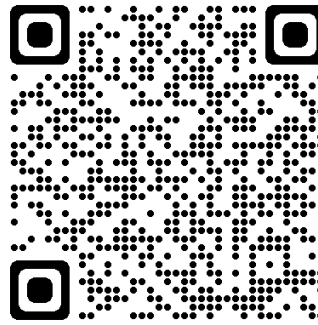


Shining Star Baptist Church
Vacation Bible School Registration Form
July 24th – July 28th 6:00 PM – 8:15 PM



Name	Age	Parent/Guardian Name
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Adult(s) Attending VBS: _____

Address: _____ **Phone:** _____

Allergy/Medical information we may need to know (for each child)

Emergency contact (if we can't reach you during VBS):
Name: _____ Phone: _____

Dismissal Information:
Name(s) of person(s) picking up your child from VBS: _____

Transportation needed? **yes** **no**
** Note: If you are not registering children, only complete the areas in red. Parents registering children should complete the entire form.*