

# Trinity Ecumenical Parish

Vacation Bible School Registration Form

June 16 – 20, 2025

9am – 12:30pm

3-year-olds through Rising 6<sup>th</sup> graders



Child's Name \_\_\_\_\_

Age \_\_\_\_\_

Child's Name \_\_\_\_\_

Age \_\_\_\_\_

Child's Name \_\_\_\_\_

Age \_\_\_\_\_

**Who is responsible for the child/children during VBS week, parent/grandparent/guardian?**

Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone # during VBS hours \_\_\_\_\_

**Emergency contact if person listed above is not available.**

Name \_\_\_\_\_

Phone # during VBS hours \_\_\_\_\_

Who else has permission to pick up your child? \_\_\_\_\_

Please list any allergies or medical conditions \_\_\_\_\_

\_\_\_\_\_

Any other information which will help us care for your child? \_\_\_\_\_

\_\_\_\_\_

May we use your child's photo in church related communication?

Yes \_\_\_\_\_

No \_\_\_\_\_

