

Trinity Ecumenical Parish  
Vacation Bible School Registration Form

Child's Name		Age	
Child's Name		Age	
Child's Name		Age	

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

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Street address \_\_\_\_\_

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

Email address \_\_\_\_\_

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