

**Heritage Baptist Church**  
 Vacation Bible School Registration Form  
 www.hbcflemington.org

(Please Print)

Admin only:

Group: \_\_\_\_\_

Assigned By: \_\_\_\_\_

**CHILD INFORMATION**

<b>Last Name</b>	<b>First Name</b>	<b>MI</b>
Child's name:		
Birth date:     /     /	Age:	Gender: <input type="checkbox"/> Boy <input type="checkbox"/> Girl
Grade entering in the fall:		
First names of any brothers/sisters with you at VBS:		
If a friend brought you, what is their name? :		

**PARENT INFORMATION**

<b>Last Name</b>	<b>First Name(s)</b>	
Parent's name(s):		
Street address:	City:	
	State:	ZIP Code:
Parent's email address:		
Home phone #: (    )	Work phone #: (    )	Cell phone #: (    )
Church currently attending (name and town):		
How did you hear about us? (choose 1):	<input type="checkbox"/> Church <input type="checkbox"/> VBS Flyer <input type="checkbox"/> Friend <input type="checkbox"/> Internet <input type="checkbox"/> Letter to home	
	<input type="checkbox"/> Newspaper <input type="checkbox"/> Other (specify):	

**IN CASE OF EMERGENCY**

Known allergies or any medical conditions of the child:

Name of contact(s):	Relationship to child:	Home phone #:	Work or cell phone #:
		(    )	(    )
		(    )	(    )

***I authorize qualified members of Heritage Baptist Church to administer general first aid treatment for minor injuries or illnesses experienced by the Child***

**Patient/Guardian *print* name:**

**Patient/Guardian *signature*:**

*Date*

**OTHER**

Is there any other information we should know about?