

VBS 2018 -Registration Form

July 16-20 9:00 a.m. – 12:00 p.m.



Each student must have a registration form completed in order to attend.

Student's Name (Last) _____ (First) _____

Student's Birth Date _____ Age ____ Grade entering in the Fall ____

May be picked up at VBS by _____

Pictures may be used in future VBS promotional material. Yes ___ No ___

Has the following allergies/health issues which will be posted for VBS Staff

+ + + + +

Name _____ (Please Print)

Person responsible for student during week of VBS

Street _____

City _____ Zip Code _____ Phone _____

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----- Date _____

Signature of person responsible for above named student during week of VBS

+ + + + +

Contact information for student, if different from that for week of VBS

Parent/Guardian _____

Street _____

Town _____ State ____ Zip Code _____

Phone _____

E-Mail (Please Print) _____

Registration forms may be mailed to the Rockport Baptist Church, 4 High Street, Rockport, MA 01966 - 978-546-6121 - www.firstbaptistrockport.org

