

Lafayette Baptist Church
Vacation Bible School Registration
June 18-22, 2018

(Please complete one per family, and please write clearly.)

Parent/Guardian Information

<u>Parent/Guardian's Names:</u>		
Father (First and Last Name): _____		
Mother (First and Last Name): _____		
Grandparent or Guardian (First and Last Name): _____		
Address: _____		
City: _____	State: _____	Zip: _____
Telephone Numbers: (home) _____ (work) _____ (cell) _____		
Email Address: _____		

Emergency Contact Information

Emergency Contact Numbers: <i>(Please list two names and telephone numbers)</i>		

<i>Name</i>	<i>Telephone (home)</i>	<i>(cell)</i>

<i>Name</i>	<i>Telephone (home)</i>	<i>(cell)</i>

Drop-Off / Pick-Up Information

My child/children will be dropped off by: _____
My child/children will be picked-up in the Worship Center at 8:30 pm (Monday - Friday) by : _____

How Did You Hear?

How did you learn about Vacation Bible School at Lafayette Baptist Church?

Check all that apply:

- Sign at church
 Someone from church came through my neighborhood with an invitation
 Someone who attends Lafayette Baptist Church invited my family
 Who? _____
 Other _____

Church you attend (name and city): _____

How often do you attend? **Please check one:**

- Almost every Sunday
 Twice a month
 Once a month or less

Would you like to receive more information about Lafayette Baptist? Yes No

Child Information *VBS classes are for children who will be entering kindergarten in the fall through children who have just completed the 6th Grade (except for VBS workers).*

Name _____ Birth Date _____ Grade Just Completed _____ T-Shirt Size _____

List any allergies or other information below concerning your child that we should know:

Name _____ Birth Date _____ Grade Just Completed _____ T-Shirt Size _____

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