



July 31st -
August 2
(6:45-9PM)

Vacation
Bible
School

VBCHARTLAND.org

Mother/Guardian: _____ Father/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Secondary Phone contact: _____

Name of Child	Birth Day	Grade	Allergies/Special Needs
1. _____	___/___/___	_____	_____
2. _____	___/___/___	_____	_____
3. _____	___/___/___	_____	_____
4. _____	___/___/___	_____	_____
5. _____	___/___/___	_____	_____
6. _____	___/___/___	_____	_____

Check here if additional comments are written on the back

The children listed on this form have my permission to attend and participate in Vacation Bible School at Victory Baptist Church. It is understood that VBC maintains communication through personal visits or by other means to keep the Riders and Parents informed

Signature of Parent/Guardian: _____ Date: _____