

## **2022 VACATION BIBLE SCHOOL REGISTRATION**

M T W TH F

## Please PRINT CLEARLY and fill in ALL blanks!

Relationship to Child(ren):		FIRST NAME:	
		Cell:	
		Home #	
Email:			
>	Child's Last Name:	First Name:	Boy/Girl Age:
		Other Comments:	
		First Name: Grade in Fall:	
	Allergies:	Other Comments:	
		First Name:	
	Date of Birth://	Grade in Fall:	
	Allergies:	Other Comments:	
PICK U	P INFORMATION:		
Name	of Person(s) authorized to pick up	child if Guardian above is not able:	

In Case	e of Emergency, contact:	
Any pe	erson(s) NOT authorized to pick up child/children:	
	Note: Any person unfamiliar to Harvest will be required to show proof of identification. Unde will the child be released to anyone other than those listed above without WRITTEN permission.	
	Guardian's Signature:Date:	
Other	Comments or Instructions:	
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PICTU	RE PERMISSION:	
I give ı	my permission for child(ren) to have his/her/their picture taken: Yes/No	
Picture	e may be used on Harvest Website and Harvest Facebook: Yes/No	
Guard	lian's Signature:	Date: