



2022 VACATION BIBLE SCHOOL REGISTRATION

M T W T H F

**Please PRINT CLEARLY and fill in ALL blanks!**

Drop Off PARENT'S LAST NAME: \_\_\_\_\_ PARENT'S FIRST NAME: \_\_\_\_\_

Mom Cell: \_\_\_\_\_ Dad Cell: \_\_\_\_\_

Address: \_\_\_\_\_ Home # \_\_\_\_\_

Email: \_\_\_\_\_

➤ Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Boy/Girl Age: \_\_\_\_

Date of Birth: \_\_/\_\_/\_\_\_\_ Grade in Fall: \_\_\_\_\_

Allergies: \_\_\_\_\_ Other Comments: \_\_\_\_\_

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Date of Birth: \_\_/\_\_/\_\_\_\_ Grade in Fall: \_\_\_\_\_

Allergies: \_\_\_\_\_ Other Comments: \_\_\_\_\_

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Date of Birth: \_\_/\_\_/\_\_\_\_ Grade in Fall: \_\_\_\_\_

Allergies: \_\_\_\_\_ Other Comments: \_\_\_\_\_

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PICK UP INFORMATION:

Name of Person(s) authorized to pick up child if parent above is not able:

\_\_\_\_\_  
\_\_\_\_\_

**CONTINUE ON OTHER SIDE**

In Case of Emergency, contact (other than parent):

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**Any person(s) NOT authorized to pick up my child/children:**

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Note: Any person unfamiliar to Harvest will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent.

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

and / or

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Comments or Instructions:

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PICTURE PERMISSION:

I give my permission for my child(ren) to have his/her/their picture taken: Yes/No

Picture may be used on Harvest Website and Harvest Facebook: Yes/No

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_