



Vacation Bible School 2025

July 8-12, 2025 | 2 p.m- 5 p.m

Student Registration Form:

(Please Print:)

Child's Name:_____

Child's Age:_____ Child's Birthdate:_____ Child's Grade:_____

Parent/ Guardian's Name:_____

Home Phone:_____ Cell Phone:_____

Email:_____ Preferred Contact Method:_____

(To Register Multiple Children Please Use Back of Form:)

Emergency Information:-----

Emergency Contact 1:_____ Phone:_____

Emergency Contact 2:_____ Phone:_____

Allergies/ Special Needs:_____

Permissions:-----

Who will be picking your child up each day after VBS?

Name:_____ Relationship:_____

Name:_____ Relationship:_____

Are we allowed to take pictures of your child/ use on Church's Social Media?_____

Parent/ Guardian's Signature:_____ Date:_____

19 N Douglas St Omak, WA 98841

(509)-557-5540