



**VACATION BIBLE SCHOOL  
REGISTRATION FORM**

**July 16-20, 2018  
5:45 p.m. nightly**



**Child's Name:** \_\_\_\_\_  
*(one child per sheet)*

Parent/Guardian's Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

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

**Age information:**

Date of Birth: \_\_\_\_\_ Last grade completed: \_\_\_\_\_

**Medical Information:**

Medical or other information we need to know. *(Please include food allergies)*

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

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Is transportation needed? \_\_\_\_\_

**Dismissal Information:** Who may pick up your child at the end of each VBS day?

\_\_\_\_\_

**OTHER INFORMATION:**

Do you attend Sunday school? \_\_\_\_\_ If so where? \_\_\_\_\_

If you are visiting our church, who are you a guest of? \_\_\_\_\_

May we have permission to photograph your child? Yes \_\_\_\_\_ No \_\_\_\_\_

May we have permission to use your child's photo in church publications for the purpose of promotion?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Please send completed form to church's email at [Abyssiniabaptist@verizon.net](mailto:Abyssiniabaptist@verizon.net) or bring with you to church on Sunday. You can also bring completed form to the church office on Tuesdays and Thursdays between 6 and 9 pm.

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