



Peace Lab
*Vacation Bible School at Binkley Baptist
Church*

**June 25-29, 2018 ~ 9:00 am –
12:15 pm**

Child 1 Name: _____

Gender: _____ Date of birth: _____ Age: _____ Year just completed in school: _____

Allergies: _____

Special Needs (e.g. dietary, behavioral, etc.): _____

Child 2 Name: _____

Gender: _____ Date of birth: _____ Age: _____ Year just completed in school: _____

Allergies: _____

Special Needs (e.g. dietary, behavioral, etc.): _____

Child 3 Name: _____

Gender: _____ Date of birth: _____ Age: _____ Year just completed in school: _____

Allergies: _____

Special Needs (e.g. dietary, behavioral, etc.): _____

Name of Parent/Guardian 1: _____

Relationship to Child: _____

Address: _____

Home Phone: _____ Work Phone: _____

Email Address: _____ Mobile Phone: _____

This parent does NOT have permission to pick up child from Vacation Bible School.

Name of Parent/Guardian 2: _____

Relationship to Child: _____

Address: _____

Home Phone: _____ Work Phone: _____

Email Address: _____ Mobile Phone: _____

This parent does NOT have permission to pick up child from Vacation Bible School.

****Parents/guardians will be contacted during VBS, if necessary, using cell phone. If you prefer a different method, indicate here:** _____

Adults (age 18 and older) other than parents/guardians named above who have permission to pick up child from Vacation Bible School:

Name	Address	Mobile Phone #	Email

Emergency Contacts:

Name	Address	Mobile Phone #	Email

___ Contact me helping with VBS (assisting at centers; helping with snacks. I am available all week ___ or part of the week (days: _____)).

Signature: _____ Date: _____