



Vacation Bible School 2025
Fly Church of the Nazarene
June 16-18 ♦ 6:15-8:00 PM
supper offered at 5:30 each night
Pre-K through 12th grade

REGISTRATION - *list all children/youth on the same form; list additional names on the back if needed*

Child/Youth Participant Information

1) Child/Youth First name: _____ Last name: _____

Gender: male female Age: _____yrs. Grade going into this next school year: _____

Allergies, medications, or special needs? _____

2) Child/Youth First name: _____ Last name: _____

Gender: male female Age: _____yrs. Grade going into this next school year: _____

Allergies, medications, or special needs? _____

3) Child/Youth First name: _____ Last name: _____

Gender: male female Age: _____yrs. Grade going into this next school year: _____

Allergies, medications, or special needs? _____

Yes, child/youth will attend supper. Parent/guardian will attend supper also.

Parent/Guardian Information

Parent/Guardian first name: _____ Last name: _____

Address: _____
street city, state, zip

Phone: _____
home work cell

Email: _____

Emergency contact: _____
name phone number

Other person(s) authorized to pick up child(ren) from VBS: _____

Parent/Guardian signature: _____