



# 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 12<sup>th</sup> 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:** \_\_\_\_\_