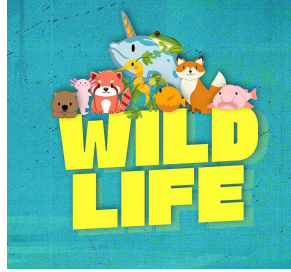


PAID:



2023 Registration Form

** Information is Confidential **

Name : _____ Gender: Male / Female

Date of Birth: _____ Age : _____

Address: _____

Parent/ Guardian: _____

Phone: _____ Alternate Phone: _____

Person(s) whom the student lives with: _____

Allergies/ Reaction / Treatment:

| |
|--|
| |
|--|

Illness or Medical Conditions / Symptoms/ Treatment:

| |
|--|
| |
|--|

Emergency Contact #1 – *Other than Parent / Guardian*

Name: _____ Relationship: _____

Phone: _____

Emergency Contact #2 – *Other than Parent / Guardian*

Name: _____ Relationship: _____

Phone: _____

☐ Student is granted permission to leave without listed guardian.

☐ Student is **not** granted permission to leave without listed guardian.

Alternate Adult Student is Permitted to Leave with: _____

Consent to release confidential information to West Lorne Baptist Church – VBS

I, _____, give permission for above mentioned student to participate in the Vacation Bible School activities, and for this information to remain on file in confidentiality.

Signature: _____ Date: _____