



2025 VACATION BIBLE SCHOOL REGISTRATION FORM

TALBOT BIBLE CHURCH

1. Child's Name: _____ age: _____

Grade last completed: PreK K 1st 2nd 3rd 4th 5th Crew name (church use only): _____

Known allergies/medical info: _____

If so, please explain any known reaction and treatment _____

2. Child's Name: _____ age: _____

Grade last completed: PreK K 1st 2nd 3rd 4th 5th Crew name (church use only): _____

Known allergies/medical info: _____

If so, please explain any known reaction and treatment _____

3. Child's Name: _____ age: _____

Grade last completed: PreK K 1st 2nd 3rd 4th 5th Crew name (church use only): _____

Known allergies/medical info: _____

If so, please explain any known reaction and treatment _____

Parents/Guardians Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home/primary phone#: _____ Mom Cell #: _____

Dad Cell #: _____ email address (not required): _____

Authorized pick-up person (in addition to Parents/guardian): _____

Phone#: _____ Relationship to child: _____

Emergency contact name (in addition to Parents/guardian): _____

Emergency contact #: _____ Relationship to child: _____

Form Completed by: _____ Date _____