



Chickasha Life Church

**Vacation Bible School**

July 15<sup>th</sup> – 19<sup>th</sup> 2024

9:00 am–12:00 pm

# STUDENT REGISTRATION FORM

**Director Contact:** Whitnee Brooks (405) 999-8923

*(Please Print)*

**Child's Name** \_\_\_\_\_

Child's Age \_\_\_\_\_ Child's Birth Date \_\_\_\_\_ Child's Grade \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Child's Name** \_\_\_\_\_

Child's Age \_\_\_\_\_ Child's Birth Date \_\_\_\_\_ Child's Grade \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

## EMERGENCY INFORMATION

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Allergies or Special Needs \_\_\_\_\_

## DISMISSAL

Who may pick up your child at the end of each VBS day?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_