



Fairfax Baptist Church
 Vacation Bible School
 July 22nd 4:30pm-6:30pm
 July 23rd-26th
 6:30pm-9:00pm



Registration is for children from age 4 to youth completing 6th grade.
 Fee: \$15.00 (\$5.00 per day for food optional)

(Complete one form per family, please)

Mother's Name: _____

Father's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home telephone: (____) _____

Parent/caregiver's cell phone: (____) _____

Home e-mail address: _____

Emergency Contact Name: _____

Relationship to Child: _____

Child's Name	Age	Put in Group w/Sibling?	
		Yes	No
_____	_____	Yes	No
_____	_____	Yes	No
_____	_____	Yes	No
_____	_____	Yes	No

Home church: _____

Food allergies: _____

Medical Issues or special needs: _____

Medical Release: I give my permission for the VBS staff to administer basic first aid to my child (named above) in the event of an injury. I understand that the VBS staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

Permission to Attend: I give permission for my child (named above) to attend the Vacation Bible School (VBS) listed above. I understand that the information I give for this registration will only be used by the VBS hosting church.

Parent Signature _____ Date _____

Mail, Fax or Email Completed form to:
 Fairfax Baptist Church, 10830 Main Street, Fairfax, VA 22030
 703-273-1822 (fax) fairfaxbaptist@gmail.com