

VACATION BIBLE SCHOOL

CONSENT FORM

Please Print

Parent and/or Guardian Name _____

Address. _____
Street City Zip

Home Phone _____ Cell Phone _____

Emergency Information

Name _____

Relationship _____

Phone _____ Additional Phone Number _____

List Below the names, age, grade and sex of each child being registered for Vacation Bible School

CHILD'S NAME	SEX	AGE	GRADE

I, _____ is given permission for my child to attend the 2010 Franklin Street Church of Christ Vacation Bible, June 7th – 11th. I will not hold the church liable for any injury sustain during my child's participation in this eve

Parent or Guardian Signature

Date