

# NEW LIGHT BAPTIST CHURCH



Let your light shine

## 2017 VACATION BIBLE SCHOOL REGISTRATION FORM - JUNE 19<sup>TH</sup> - 23<sup>RD</sup>

Name of Participant #1: \_\_\_\_\_

Age: \_\_\_\_\_ Grade level: \_\_\_\_\_  
(used for class assignment)

Is transportation needed? (please check one)  Yes  No

Please list any food allergies, medical/behavioral conditions or special needs of which the teachers and staff should be aware of

---

---

---

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ House Ph. #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ House Ph. #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_  
(Name and Relationship to Participant)

Emergency Contact 2: \_\_\_\_\_ House Ph. #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_  
(Name and Relationship to Participant)

Name of Participant #2: \_\_\_\_\_

Age: \_\_\_\_\_ Grade level: \_\_\_\_\_  
(used for class assignment)

Is transportation needed? (please check one)  Yes  No

Please list any food allergies, medical/behavioral conditions or special needs of which the teachers and staff should be aware of

---

---

---

If contact information is the same as another participant on this form, fill in the number of that participant here \_\_\_\_\_, otherwise, fill out the information required below.

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ House Ph. #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ House Ph. #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_  
(Name and Relationship to Participant)

Emergency Contact 2: \_\_\_\_\_ House Ph. #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_  
(Name and Relationship to Participant)

Name of Participant #3: \_\_\_\_\_ Age: \_\_\_\_\_ Grade level: \_\_\_\_\_  
(used for class assignment)

Is transportation needed? (please check one)  Yes  No

Please list any food allergies, medical/behavioral conditions or special needs of which the teachers and staff should be aware of

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If contact information is the same as another participant on this form, fill in the number of that participant here \_\_\_\_\_, otherwise, fill out the information required below.

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ House Ph. #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ House Ph. #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_  
(Name and Relationship to Participant)

Emergency Contact 2: \_\_\_\_\_ House Ph. #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_  
(Name and Relationship to Participant)

Name of Participant #4: \_\_\_\_\_ Age: \_\_\_\_\_ Grade level: \_\_\_\_\_  
(used for class assignment)

Is transportation needed? (please check one)  Yes  No

Please list any food allergies, medical/behavioral conditions or special needs of which the teachers and staff should be aware of

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If contact information is the same as another participant on this form, fill in the number of that participant here \_\_\_\_\_, otherwise, fill out the information required below.

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ House Ph. #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ House Ph. #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_  
(Name and Relationship to Participant)

Emergency Contact 2: \_\_\_\_\_ House Ph. #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_  
(Name and Relationship to Participant)

Name of Participant #5: \_\_\_\_\_ Age: \_\_\_\_\_ Grade level: \_\_\_\_\_  
(used for class assignment)

Is transportation needed? (please check one)  Yes  No

Please list any food allergies, medical/behavioral conditions or special needs of which the teachers and staff should be aware of

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If contact information is the same as another participant on this form, fill in the number of that participant here \_\_\_\_\_, otherwise, fill out the information required below.

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ House Ph. #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ House Ph. #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_  
(Name and Relationship to Participant)

Emergency Contact 2: \_\_\_\_\_ House Ph. #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_  
(Name and Relationship to Participant)

Please return completed forms to any member of the registration team.



Forms can also be emailed to the New Light Baptist Church at [info@newlightbaptistchurch.org](mailto:info@newlightbaptistchurch.org)