

Friendship Bible Church 2025 VBS Registration



The Grace Adventure

			Ag	e
Parents Nam	ne:			
Address:				
Home Phone	: #:	C	Cell #	
Home Churc	:h			
Please list a	ny food aller	gies or other	important i	information:
Check he	ere if child m		-	
		·		·
Full Name		· 		·
Full Name Relationship)	· 		·
Full Name)			
Full Name Relationship Phone #	oll arrive/retu	arn home on		



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Name:			Ag	e
Parents Nam	ıe:			
Address:				
Home Phone	: #:	(Cell #	
Home Churc	:h			
Please list an	ny food aller	gies or other	important	information:
Check he	ere if child m	av have pict	ture posted c	on facebook.
Authorized	pick-up per	rsons (add a	additional o	n back)
Full Name				
Relationship				
Phone # My Child wi				YesNo
Signature of	Parent or G	uardian		
				

Additional Authorized pick-up persons:

Full Name		
Relationship		
Phone #		
Full Name		
Relationship		
Phone #		
T11 M		
Full Name		
Relationship		
Phone #		

Additional Authorized pick-up persons:

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ıll Name	_
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none #	