



Friendship Bible Church
2025 VBS Registration



The Grace Adventure

Name: _____ Age _____

Parents Name: _____

Address: _____

Home Phone #: _____ Cell # _____

Home Church _____

Please list any food allergies or other important information:

___ Check here if child may have picture posted on facebook.

Authorized pick-up persons (add additional on back)

Full Name _____

Relationship _____

Phone # _____

My Child will arrive/return home on their own ___ Yes ___ No

Signature of Parent or Guardian

Day 1	Day 2	Day 3	Day 4	Day 5
-------	-------	-------	-------	-------



Friendship Bible Church
2025 VBS Registration



The Grace Adventure

Name: _____ Age _____

Parents Name: _____

Address: _____

Home Phone #: _____ Cell # _____

Home Church _____

Please list any food allergies or other important information:

___ Check here if child may have picture posted on facebook.

Authorized pick-up persons (add additional on back)

Full Name _____

Relationship _____

Phone # _____

My Child will arrive/return home on their own ___ Yes ___ No

Signature of Parent or Guardian

Day 1	Day 2	Day 3	Day 4	Day 5
-------	-------	-------	-------	-------

Additional Authorized pick-up persons:

Full Name_____

Relationship_____

Phone #_____

Full Name_____

Relationship_____

Phone #_____

Full Name_____

Relationship_____

Phone #_____

Additional Authorized pick-up persons:

Full Name_____

Relationship_____

Phone #_____

Full Name_____

Relationship_____

Phone #_____

Full Name_____

Relationship_____

Phone #_____