

**MOUNT CARMEL BAPTIST CHURCH 2022 VACATION BIBLE SCHOOL
ADULT REGISTRATION FORM**

Name _____

Address _____ City/State _____

Zip _____ Home Phone _____

Cell _____ Work _____

Home
Church _____

Emergency Contact
Name _____

Home Phone _____ Cell _____

Allergies or other Medical
Conditions: _____

Family Doctor Name _____ Phone _____

Siblings/Friends or Others attending with
you: _____

**MOUNT CARMEL BAPTIST CHURCH 2022 VACATION BIBLE SCHOOL
STUDENT REGISTRATION FORM**

(Students age 5 years through 18 years)

*****Toddlers must be able to use the bathroom independently! *****

Student Name _____ (NICKNAME) _____

Age _____ School _____ Last Grade Completed _____

Did Student receive any support from Special Needs Teachers? Yes _____ No _____

If yes, Please explain _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email Address _____

Home Church _____

Parents/Guardians Name _____

Emergency Contact Name _____

Home Phone _____ Cell Phone _____

Work Phone _____ Best number to call Home- Cell- Work

Allergies or other medical conditions _____

Family Doctor Name _____ Phone Number _____

Siblings attending _____

Who will drop child/children off _____

Who will pick child/children up _____

List any situations or conditions that may affect the child's behavior while in the VBS program: _____

****PARENTS/GUARDIANS ARE RESPONSIBLE FOR PROVIDING THE CORRECT SPELLING OF THE CHILD'S NAME TO INSURE THAT IT IS CORRECT ON ALL CERTIFICATES TO BE RECEIVED BY THE CHILD****