



**First Baptist Church of
N. Middleboro
2010 Vacation Bible School
Registration Form**

**When: August 2-6
Time: 5:45-8:15 pm
For kids entering grades 1-6**

Childs Name: _____

Address: _____

Home Phone: _____

Alt Phone: _____

Parent/Guardian Name: _____

Emergency Contact: _____

(Other than Parent)

Child may be picked up by: _____

I give permission for my child to be photographed during VBS activities. Check: **Yes** **No**

In my absence, I give permission to the volunteers of the First Baptist Church of N. Middleboro to seek medical care for my child in the event of an emergency during a church-related activity.

Parent/Guardian Signature: _____

Date: _____

Please list any allergies or medical concerns: _____

Current Medications: _____

**Mail completed form to: First Baptist Church of N. Middleboro
2010 VBS-Form
111 Plymouth Street
Middleboro, MA 02346**