

Please mail completed form to:
First Baptist Church, 91 Cottage Street,
Pawtucket, RI 02860 Attention: VBS

Registration Form

(One Per Child)

Child's name: _____ Child's gender: _____

Child's age: _____ Date of birth: _____ Last school grade completed: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (_____) _____

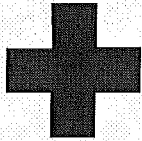
Parent/caregiver's cell phone: (_____) _____

Home email address: _____

Home church: First Baptist Church, 91 Cottage St., Pawtucket, RI 02860

Crew number or name (for church use only): _____

Allergies or other medical conditions: _____



In case of emergency, contact: _____

Phone: _____

Relationship to child: _____

Child Release Section

Name and telephone number of person(s) who are authorized by Parent/Guardian to have your child released to at the close of each VBS program day:

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

By signing below, I hereby authorize First Baptist Church of Pawtucket's CaveQuest Vacation Bible School staff to release my child to one of the aforementioned persons. I also assume personal responsibility for ensuring that at the close of each VBS day, I have arranged for a responsible person to pick up my child.

Parent/Guardian Signature

Date