



VBS Enrollment 2018

Child's Name _____

Parent/Guardian name _____

Address _____

City, State, Zip _____

Phone: Home _____

Cell _____ Work _____

Birth date _____

Last grade completed in school _____

Emergency contact person & phone _____

Dismissal information:

Who may pick up your child at the end of each VBS day?



Vacation Bible School
Medical Form 2018

Name _____

Special medical conditions, etc. _____

Family doctor & phone _____

Emergency contact person _____

Phone _____

I understand that my personal medical insurance is the primary coverage for all VBS events this year. In the event of an emergency situation I authorize the representatives of Evergreen Baptist Church to seek emergency care for my child.

Signed _____

Date _____

Insurance co. _____

Policy no. _____