

# *Compassion Camp:*

## Changing the World with Lovingkindness

*Vacation Bible School at Binkley Baptist Church*



July 12-16, 2021 ~ 9:00 am – 12:15 pm

Child 1 Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Year just completed in school: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Needs (e.g. dietary, behavioral, etc.): \_\_\_\_\_

Child 2 Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Year just completed in school: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Needs (e.g. dietary, behavioral, etc.): \_\_\_\_\_

Child 3 Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Year just completed in school: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Needs (e.g. dietary, behavioral, etc.): \_\_\_\_\_

Name of Parent/Guardian 1: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Parent/Guardian 2: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

\*\*Parents/guardians will be contacted during VBS if necessary, using cell phone. If you prefer a different method, indicate here: \_\_\_\_\_

Adults (age 18 and older) other than parents/guardians named above who have permission to pick up my child(ren) from Vacation Bible School:

Name	Address	Cell Phone #	Email

Emergency Contacts:

Name	Address	Cell Phone #	Email

\_\_\_\_ Contact me helping with VBS (assisting at centers; helping with snacks. I am available all week \_\_\_\_ or part of the week (days: \_\_\_\_\_)).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_