

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: _____