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| Bethesda Baptist Church  1808 Capitol Avenue, N.E. Washington, D.C. 20002 Phone: (202) 635-2883 |
| Vacation Bible School  Student Registration Form for 2022 |



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| STUDENT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| IF STUDENT IS UNDER 18 YEARS OF AGE, A PARENT OR GUARDIAN’S SIGNATURE IS REQUIRED TO REGISTER THE CHILD. |

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| AGE  **(Check if Adult)** | |  | | --- | |  | | DOB  **(Child only)** | |  | | --- | |  | | **MALE** (M) |  | **A parent/guardian must be prepared to remain in class with any child having physical and/or special educational needs.** |
| FEMALE (F) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Address (Street name/ house/apartment/unit number) | City | | State | Zip |
|  | | | | |
| Telephone number **(Adult Student/Parent or Guardian)** |  | | | |
| Emergency Contact Information (Must be filled out for enrollment) | | | | |
| Name of Individual to Contact in case of emergency | | Relationship | | |
|  | |  | | |
| Address/City/State/zip (If different from address above) | | Telephone number | | |
|  | |  | | |

Special Needs and Other Information (Signature required for enrollment)

PLEASE PROVIDE THE INFORMATION AND ANSWER ALL THAT APPLY (Circle)

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| Does the student have any allergies? If yes, please specify allergies: | | | | | | | | | | YES | NO |
| I/My child will need transportation (provided for those who live within city limits more than 1 mile from the church.) If no, please print name of persons to pick up child on line below. | | | | | | | | | | YES | NO |
| My child will be picked up nightly by parent/guardian or the following persons: | | | | | | | | | | YES | NO |
| I understand that Bethesda Baptist Church will not be responsible when children 6 years old or younger are picked up by persons under 12 years old. | | | | | | | | | | YES |  |
| I hereby grant Bethesda Baptist Church (BBC) permission to use my/my child’s likeness in a photograph, video, or other digital media (“photo”) for the VBS program and on BBC website. | | | | | | | | | | YES | NO |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Adult Student/Parent or Guardian (Print Name) | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_  Adult Student/Parent or Guardian (Signature) Date | | | | | | |
| **(DEPARTMENT AND ROOM NUMBER TO BE COMPLETED BY VBS REGISTRATION ONLY)** | | | | | | | | | | | |
| **Dept./**  **Age** | **Nursery (1-2)**  **Parent/Guardian must be present** | **Preschool (3-4)** | **Kindergarten (5-6)** | **Primary (7-8)** | | **Junior 1**  **(9-11)** | **Junior 2**  **(12-14)** | **Youth**  **(15-17)** | **Adults**  **(18+)** | | |
| **Room #** |  |  |  |  | |  |  |  |  | | |