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| Bethesda Baptist Church1808 Capitol Avenue, N.E. Washington, D.C. 20002 Phone: (202) 635-2883 |
| Vacation Bible SchoolStudent 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)** |

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 | DOB**(Child only)** |

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 | **MALE** (M) |  | **A parent/guardian must be prepared to remain in class with any child having physical and/or special educational needs.** |
| FEMALE (F) |  |

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| Address (Street name/ house/apartment/unit number) | City | State | Zip |
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| 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 |
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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 #** |  |  |  |  |  |  |  |  |