

Sylvan Hills First Baptist Church

9008 Highway 107, Sherwood, AR 72120

Office # (501) 835-2511 Fax# (501) 835-8732

Vacation Bible School Registration Form:

Child's Name: _____
Last First Middle

Preferred Name: _____ Grade completed by June : _____

Date of Birth: Month _____ Day _____ Year _____ Present Age: ____ Gender: M __ F__

Street Address: _____ City: _____ Zip: _____

Home Phone () _____ - _____ Email: _____

Church Affiliation: _____

.....

Father's Name: _____
Last First

Work Phone () _____ - _____ Cellular Phone () _____ - _____

.....

Mother's Name: _____
Last First

Work Phone () _____ - _____ Cellular Phone () _____ - _____

List known food allergies, and behavioral concerns: _____

Person Authorized to pick up child other than parents:

Name: _____ Phone () _____ - _____

Address _____ City _____ Zip _____

Name: _____ Phone () _____ - _____

Address _____ City _____ Zip _____

Parent/Legal Guardian Signature Date