



Child's Name _____ Parent/Guardian Name _____

Address

(street address, city, state, and zip code)

Mailing Address (if different) _____

Contact Information

Home _____ Work _____ Cell _____

Email _____

Age Information

Birthdate _____ Last grade completed in school _____

Medical Information

Medical or other information we need to know (Please include any food allergies)

Emergency Contacts (name and number, other than listed above)

Dismissal Information

Who may pick up your child at the end of VBS each day?

Other information

Does your child attend Sunday School? If so, where?

If your child is visiting our church, who is he/she a guest of?

VBS: June 22-26 from 6pm to 9pm
Dinner served nightly!

BCBC 2026 VBS Registration Form
2208 Baptist Chapel Rd.
Autryville, NC, 28318