

Heritage Baptist Church, Post Falls, ID
Vacation Bible School – Ages 5-11
July 5-8, 2021

Child's Name: _____ Age: _____
Last school grade completed: _____ Date of Birth: ____/____/____

Parent/Guardian Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone Numbers:

Home: _____ Cell Phone: _____

Email: _____

Emergency Contact Information: (if different than Parent/Guardian)

Name: _____ Relationship: _____

Phone: _____

Allergies or special needs:

May we have your permission to use your child's picture in our church
bulletin or video regarding VBS? Yes _____ No _____

By signing, I give my child permission to participate in any and all church
Vacation Bible School activities.

Parent/Guardian: _____ Date: ____/____/____

**Child/children will be picked up at 12:30 pm by parent/guardian or
person designated here.** _____

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