



2022 VACATION BIBLE SCHOOL REGISTRATION

M T W T H F

Please PRINT CLEARLY and fill in ALL blanks!

Drop Off Grandparent: LAST NAME: _____ FIRST NAME: _____

Cell: _____ Cell: _____

Address: _____ Home # _____

Email: _____

➤ Child's Last Name: _____ First Name: _____ Boy/Girl Age: __

Date of Birth: __/__/____ Grade in Fall: _____

Allergies: _____ Other Comments: _____

➤ Child's Last Name: _____ First Name: _____ Boy/Girl Age: __

Date of Birth: __/__/____ Grade in Fall: _____

Allergies: _____ Other Comments: _____

➤ Child's Last Name: _____ First Name: _____ Boy/Girl Age: __

Date of Birth: __/__/____ Grade in Fall: _____

Allergies: _____ Other Comments: _____

PICK UP INFORMATION:

Name of Person(s) authorized to pick up child if grandparent above is not able:

CONTINUE ON OTHER SIDE

In Case of Emergency, contact (other than parent):

Any person(s) NOT authorized to pick up my grandchild/grandchildren:

Note: Any person unfamiliar to Harvest will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the grandparent.

Grandmother's Signature: _____ Date: _____

and / or

Grandfather's Signature: _____ Date: _____

Other Comments or Instructions:

PICTURE PERMISSION:

I give my permission for my grandchild(ren) to have his/her/their picture taken: Yes/No

Picture may be used on Harvest Website and Harvest Facebook: Yes/No

Grandparent Signature: _____ Date: _____