



Bay Springs VBS 2024

The Great Jungle Journey

Students Name: _____

Parent/Guardian: _____

Mailing Address: _____

Physical Address (If Different): _____

Email: _____ Phone Number: _____

Text? Yes No

Students Date Of Birth: _____ Age: _____ Last Grade Completed: _____

Home Church (if any): _____

Siblings Also Attending VBS: _____

Allergies: _____

Emergency Contacts:

Name: _____ Phone: _____

Relationship To Student: _____

Name: _____ Phone: _____

Relationship To Student: _____

Who Can Pick Your Child Up From VBS: _____

I give Bay Springs Baptist Church my permission to use my child's photograph publicly in VBS materials. I understand the images may be used in print publications, online publications, websites and/or social media. Yes No

Parent/Guardian Signature: _____ Date: _____