

First Baptist Church Kenedy 209 E. School St.

July 22nd-July 25th 5:30 p.m.-8:00 p.m.

Child's Name _____

Parent/Guardian Name _____

Mailing Address _____

Phone Numbers

Home: _____

Work: _____

Cell: _____

Age Information

Birth Date _____

Last Grade Completed _____

Medical Information

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

Emergency Contacts (Other than listed above)

Name _____ Phone Number _____

Name _____ Phone Number _____

Dismissal Information

Who may pick up your child at the end of each Vacation Bible School session?

Other information

Do you attend Church? If so, where?

May we have permission to photograph your child? ☐ Yes ☐ No

