

BOLD

THEY WERE BOLD WHEN THEY SPOKE GOD'S WORD

ACTS 4:31



BOLD VACATION BIBLE SCHOOL REGISTRATION FORM

Child's name: _____

Child's age: _____ Date of birth: ____ / ____ / ____ Last grade completed ____
MO / DAY / YEAR

Name of parent(s)/guardian(s): _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone 1: _____ Phone 2: _____

Email address: _____

Home church: _____



CHILD'S MEDICAL INFORMATION

Allergies or other medical conditions: _____

In case of emergency, contact: _____

Emergency contact phone: _____

Emergency contact relations to child: _____

Parent/guardian signature: _____ Date: ____ / ____ / ____

MO / DAY / YEAR



BE OUTSPOKEN... LIVE IT DAILY!