



**Texas Oaks Baptist Church  
Vacation Bible School Registration**

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Age: \_\_\_\_\_

Parent/Legal Guardian:  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Number: \_\_\_\_\_

1st Mobile Number: \_\_\_\_\_

2nd Mobile Number: \_\_\_\_\_

Medical issues, allergies or other information we might  
need to know:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**In the case of Emergency, we will try the  
number(s) listed above. If we can't reach  
anyone, please provide the name and number  
of another person who we can contact  
during Vacation Bible School.**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_



**Texas Oaks Baptist Church**

**Permission Form**

I certify that I \_\_\_\_\_ give my  
*(Parent/Legal Guardian)*  
permission to any hospital or doctor to treat the child  
listed on this form in case of any illness or injury incurred  
during Vacation Bible School. I authorize the Texas Oaks  
Baptist Church *activities sponsor* to sign any required con-  
sent forms for treatment as needed.

\_\_\_\_\_  
SIGNATURE,  
PARENT or LEGAL GUARDIAN

\_\_\_\_\_  
DATE