

SAFNAZ
VACATION BIBLE SCHOOL

CHILD'S NAME: _____

CHILD'S DATE OF BIRTH: _____ AGE: _____ GRADE: _____

PARENT(S): _____

ADDRESS: _____

PARENT'S EMAIL ADDRESS: _____

TELEPHONE NUMBER

MOM: _____

DAD: _____

OTHER EMERGENCY CONTACT NAME & NUMBER:

ALLERGIES: _____

OTHER SPECIAL NEEDS OR INSTRUCTIONS: _____

CHILD ATTENDS: CHILDREN'S CHURCH ____ SUNDAY SCHOOL ____