

Bethany Baptist Church VACATION BIBLE SCHOOL

July 28TH – Aug. 1st 2025
6:00 – 8:00 PM



I give permission for my child _____ to participate in the Church Vacation Bible School (ages 5 to 15 only)

My child is _____ years old.

My child is a member of the following ministries: (please check all that apply to your child)

Children's Church _____ Youth Choir _____ Dance Ministry _____

Allergies/Medications/Remarks (attach extra sheet if needed) _____

I give permission to the Youth Advisors of Bethany Baptist Church to obtain and administer such medical aid, including that of a licensed Medical Doctor, as might be required for the immediate care of my child in an emergency.

Signature of Parent/guardian

Date

Phone #

Name: _____ Phone: _____

Emergency contact (if Parent or Guardian cannot be reached).