

VACATION BIBLE SCHOOL
JUNIOR COUNSELOR REGISTRATION FORM

Allergies
GRADE

JR. COUNSELOR: _____ **DOB** _____ **GRADE THIS FALL** _____

JR. COUNSELOR PHONE: _____ JR. COUNSELOR EMAIL: _____

PARENT(S): _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PH: _____ CELL PH: _____ EMAIL ADDRESS: _____

CHURCH AFFILIATION: BETHEL/ OUR SAVIORS/ /OTHER: _____ /NONE
(PLEASE CIRCLE ONE)

IN CASE OF EMERGENCY NOTIFY:

Name _____ Home phone _____ Cell _____

Allergies: Penicillin ___ Bee Stings ___ Other (specify) _____

Specific activities to be limited _____

Current medication or medical treatment _____