



# Project **DESTINY** Bible School Registration

Child's Name: \_\_\_\_\_ (One form per child please)

Grade Completed: \_\_\_\_\_ Birthday: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

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

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_\_) \_\_\_\_\_

Food Allergies:  Yes  No - If yes, list: \_\_\_\_\_

Medical Concerns:  Yes  No - If yes, \_\_\_\_\_

explain: Family Doctor: \_\_\_\_\_ Doctor's Phone: (\_\_\_\_\_) \_\_\_\_\_

### Siblings Attending PDBS (Names and Ages):

- |                       |                   |
|-----------------------|-------------------|
| 1. <u>Name:</u> _____ | <u>Age:</u> _____ |
| 2. <u>Name:</u> _____ | <u>Age:</u> _____ |
| 3. <u>Name:</u> _____ | <u>Age:</u> _____ |
| 4. <u>Name:</u> _____ | <u>Age:</u> _____ |
| 5. <u>Name:</u> _____ | <u>Age:</u> _____ |
| 6. <u>Name:</u> _____ | <u>Age:</u> _____ |
| 7. <u>Name:</u> _____ | <u>Age:</u> _____ |

Church Affiliation: \_\_\_\_\_ Church Membership At: \_\_\_\_\_

### Person(s) Name(s) Who May Pick up the Child:

- |                       |                     |
|-----------------------|---------------------|
| 1. <u>Name:</u> _____ | <u>Phone:</u> _____ |
| 2. <u>Name:</u> _____ | <u>Phone:</u> _____ |

Transportation Needed:  Yes  No



Project Destiny Bible School (PDBS) leaders have permission to photograph/film the minor(s) designated above for any lawful purpose associated with this PDBS program.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_