

2026 Vacation Bible School Registration Form

Dates: Monday, June 22 – Friday, June 26, 2026

Time: 6:00 PM – 8:00 PM Nightly

Location: Rockvale Baptist Church
652 Old Grove Rd.
Piedmont, SC 29673

Child Information

Child's Full Name: _____

Preferred Name/Nickname: _____

Date of Birth: _____ **Age:** _____

Grade Completed (Spring 2026): _____

T-Shirt Size (Circle One):

Youth: XS / S / M / L / XL

Adult: S / M / L / XL / XXL

Parent/Guardian Information

Parent/Guardian Name(s): _____

Home Address: _____

Primary Phone Number: _____

Secondary Phone Number: _____

Email Address: _____

Emergency Contact (if parent/guardian cannot be reached):

Name: _____

Relationship to Child: _____

Phone Number: _____

Medical Information

Does your child have any allergies? Yes No

If yes, please explain: _____

Does your child have any medical conditions or special needs?

Yes No

If yes, please explain: _____

Is your child currently taking any medications? Yes No

If yes, please list: _____

Pick-Up Authorization

Who can pick up your child? _____

Photo Permission

During VBS, photos and videos may be taken for church promotion and ministry purposes.

Yes, I give permission for my child to be photographed/videoed.

No, I do not give permission for my child to be photographed/videoed.

Church Information

Do you currently attend a church? Yes No

If yes, where do you attend? _____

Parent/Guardian Consent

I give permission for my child to participate in the 2026 Vacation Bible School at Rockvale Baptist Church. In the event of a medical emergency, I authorize church staff or volunteers to secure appropriate medical treatment for my child if I cannot be reached.

Parent/Guardian Signature: _____

Date: _____