

**Mount Pleasant Baptist Church  
Board of Christian Education  
Vacation Bible School  
Rev. William E. Morgan, Pastor**

***“Mount Pleasant: Moving from Discipleship to His Lordship” Ephesians 4:15***  
**“For we are God’s handiwork, created in Christ Jesus to do good works, which God prepared in advance for us to do.” Ephesians 2:10 NIV**

**Student Registration Form**

We are currently accepting applications for the 2016 Vacation Bible School (VBS) to be held July 18-22 and July 25-29 8:00am-4:30pm at Mt. Pleasant Baptist Church. We will be accepting 40 students, so space is on a first come first serve basis. Because there is no charge for participation, we rely heavily on volunteers to provide a program that is instructive, creative, and fun. Parents/guardians with children in Vacation Bible School must volunteer at least one ½ day while their child(ren) is/are in attendance. Please take time to complete the information below and return to Sister Tanya Whitehead. If you have questions or need additional information, contact Sister Tanya Whitehead@ 506-0760 or Deaconess Doris Waiters 518-369-1618.

**Student Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
**Cell Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_

**Age** \_\_\_\_\_ **Last Grade Completed** \_\_\_\_\_  
**Parent(s)/Guardians** \_\_\_\_\_

**Parent(s) Work #** \_\_\_\_\_ **Parent’s Cell #** \_\_\_\_\_ **E-mail** \_\_\_\_\_  
**Emergency Contact (name and number)** \_\_\_\_\_

Special Conditions	List	Note
Allergies		
Dietary		
Medical		

**T-Shirt Size (circle one):**  
 S    M    L    XL

**Medicine (including dosage)** \_\_\_\_\_

**Please check which sessions and days your child will be attending:**

Time	July 21-22	M	T	W	TH	F	July 28-July29	M	T	W	TH	F
8:00-4:30												

**Please indicate which day you or a representative will be volunteering in the Vacation Bible School (We especially need volunteers Monday through Thursdays)**

**Please list the names and telephone numbers of the individuals who are authorized to pick up your child**

Name	Relationship to child	Contact Number

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*Tell us....*

1. What are some of your child’s favorite things?

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2. What are some of your child’s dislikes?

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3. What name does s/he prefer to be called?

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4. How would we know when your child is angry?

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5. What is child’s best part of day morning, noon or evening?

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6. Please share any additional information about your child that may be helpful to us in working with your child

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