



**Enroll Me for the
Boomerang Express**

At First Baptist Church of Mayflower

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• NAME _____

• ADDRESS _____

• PHONE NUMBER HOME OR WORK _____

• BIRTHDATE _____

• LAST SCHOOL GRADE _____

• DO YOU GO TO SUNDAY SCHOOL? _____

• WHERE? _____

• MEDICAL OR OTHER INFORMATION WE NEED TO KNOW
INCLUDING FOOD ALLERGIES

• _____

• IN THE EVENT OF AN EMERGENCY, WHOM DO WE CALL?

• _____

• WHO WILL PICK UP THIS CHILD AT THE END OF EACH
VBS DAY?

(Signature of Parent or Guardian)