

VBS

REGISTRATION
FORM

(one per child)



June 1-5

6-8:15 pm
(Ages Preschool
completed 4th Gr.)

Child's name: _____

Child's age: _____ Date of Birth: _____

Last school grade completed: _____

Name of parent/guardian: _____

Street address: _____

City: _____ State: _____ Zip: _____

Cell phone#: _____

Email address: _____

Home church: _____

May we have permission to photograph your child? ___Yes / ___No



Allergies or other medical conditions:

In case of emergency contact:

Phone#: