

VBS REGISTRATION FORM (ONE PER CHILD)

Child's name: _____

Child's age: _____ Date of birth: _____ Last school grade completed: _____

Name of Parent(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: _____ Cell phone: _____

Home e-mail: _____

In case of emergency, contact: _____ Cell phone: _____

Relationship to child: _____

In case of emergency, contact: _____ Cell phone: _____

Relationship to child: _____

Allergies or other medical conditions: _____

Home Church: _____