

VBS Registration Form

(one per child)



Child's Name _____

Child's Age _____ Birthday _____ Grade entering in fall _____

Address: _____

City _____ State _____ Zip _____

Home Phone # _____ Cell # _____

Email Address: _____

Home Church : _____

Friend Request : _____

(One friend guaranteed only if form returned by June 3)

In case of emergency contact:

____ Parent at home _____ Parent on cell _____ Other



Name _____ Phone: _____

Relationship to child: _____

Allergies _____