

# 2017 VBS REGISTRATION FORM

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_



## Phone Numbers

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## Age Information

Current Age: \_\_\_\_\_

Last Grade Completed in School: \_\_\_\_\_

## Medical Information

Medical or other information we need to know. (Please include any food allergies.)

\_\_\_\_\_  
\_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_ Number: \_\_\_\_\_

## Dismissal Information

Anyone other than parent/guardian listed above who may pick up your child at the end of each VBS day?

\_\_\_\_\_

## Other Information

Do you have a home church? If so, where? \_\_\_\_\_

If you are visiting our church, who are you a guest of? \_\_\_\_\_