![ace5ee5dd1932eeb7d845c4e53ff25ca[1]]()

VBS Registration Form

June 18-22, 2017

6:00pm-8:00pm

***Please return your registration form to the church office.***

***(Complete a form for each child you are registering)***

(ALL Fields are required to be completed)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  Child’s Name: |  | Gender: |  | Grade Entering: |  |

|  |
| --- |
| Address: |

|  |
| --- |
| Parent’s Name and Cell Number: |

|  |
| --- |
| Parent’s Email/Home Phone Number:  |

|  |
| --- |
| Emergency Contact Name/Relationship: |

|  |
| --- |
|  Emergency Contact Phone Number: |

|  |
| --- |
| Food or drug allergies/any special dietary or physical need we should know: |