

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)

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

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| Address: |

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| Parent’s Name and Cell Number: |

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| Parent’s Email/Home Phone Number: |

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| Emergency Contact Name/Relationship: |

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

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