

VBS REGISTRATION FORM

Child's Name: _____

Grade Completed _____

Birthday _____ Age _____

Parent's Name _____

Home Address _____

Home Phone _____ Cell Phone: _____

Alternate Phone _____

Emergency Contact Person: _____

Relationship: _____ Phone _____

Food Allergies: Y ___ N ___ List _____

Medical Concerns Y ___ N ___ List: _____

Family Doctor: _____ Phone _____

Siblings attending VBS: _____

Church Affiliation: _____

People who may pick up child: _____

Parent Signatire: _____ Date: _____

Official Use Only: Attendance

Sun ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___