

Vacation Bible School

REGISTRATION FORM



Child's name: _____

Child's age: _____ Date of birth: _____ Last school grade completed: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ Zip: _____

Home telephone: () _____

Parent/caregiver's cell phone: _____

Home e-mail address: _____

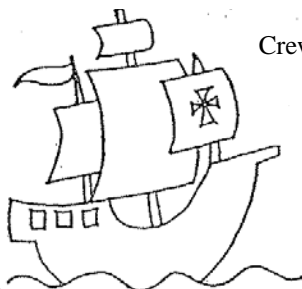
In case of emergency, contact: _____

Relationship to child: _____

Allergies or other medical conditions: _____

Home church: _____

Crew number or name (for church use only): _____



Please bring a plain white t-shirt with your child's name written on the tag on the first night of VBS.