



VBS Registration Form (one per family)
July 24 – 28, 2017
5:00pm – 8:00pm **4 yrs.—6th Grade**



Name of each child	T-shirt size	Age	Gender	Birthdate	Last Grade Completed	Allergies or Medical Conditions

Street address: _____

City: _____ ZIP: _____ Home telephone: (____) _____ Cell Phone: (____) _____

Home e-mail address: _____ Home church: _____

Emergency Contacts: _____

Parents/Guardian: _____

Your child may be photographed for the paper and/or church use. Do we have your permission to do so? Yes No

My child may be picked up by (must be 18 or older; please include yourself): _____

Is there someone specific that your child should be with during VBS? _____

Limited transportation is available. Contact church office for more information.

Parent/Guardian Signature _____