

# VBS Registration Form

Please have form turned in by June 12, 2017

Child's Name \_\_\_\_\_ Gender: M F

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Last grade completed \_\_\_\_\_

Name of parent(s) \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone(\_\_\_\_\_) \_\_\_\_\_ Parent/Caregiver cell phone(\_\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_ Home Church \_\_\_\_\_

*ALLERGIES/MEDICAL CONDITIONS:* \_\_\_\_\_

*IN CASE OF EMERGENCY, CONTACT:* \_\_\_\_\_

*Phone:* \_\_\_\_\_ *Relationship to Child:* \_\_\_\_\_

CREW NUMBER OR NAME (church use only) \_\_\_\_\_



**Free T-Shirts for children participating in VBS**

**Adults wanting a t-shirt are \$5.00**

Name \_\_\_\_\_

T-Shirt Size \_\_\_\_\_

VBS Kid \_\_\_\_\_ Adult \_\_\_\_\_