

2017 VBS Registration

Aug. 7-11, 2017 9:00AM to 11:30AM



Child Information

Name _____ Date of Birth _____ Age _____ Pre-K K 1 2 3 4 5 6
Select grade completed in school

Food Allergies: No Yes If "yes," please list: _____

Medical Concerns: No Yes If "yes," please explain: _____

Parent/Guardian

Name _____ E-mail Address _____ Home Church _____

Street Address _____ City, State Zip _____ Phone # during VBS _____

Dismissal Information

Name(s) of person(s) who may pick this child up from VBS:

Name _____ Name _____

Emergency Contact(s)

Name _____ Phone _____

Name _____ Phone _____

Siblings Attending VBS

Name _____ Age _____ Name _____ Age _____

VBS leaders have permission to photograph/film the minor(s) designated above in any manner or form for any lawful purpose associated with the VBS program.

Parent Signature: _____

Would you like to receive our monthly newsletter (*News Bits*) via email? yes no already receive it

Other Information (Church use only):

Attendance: 1 2 3 4 5