

VBS August 19-23, 2019



Registration Form

(one per child)

Child's name: _____

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

Name of parent(s): _____

Street address: _____ City _____

Postal Code: _____ Sibling(s): _____

Home Phone: (_____) _____ caregiver's cell # (_____) _____

Home e-mail address: _____

Home church: _____

Doctor's name and phone #: _____

Care Card #: _____

Allergies or other medical conditions: _____

In case of emergency, contact: _____

Phone: _____ Relationship to child: _____

May a photograph of your child be taken during VBS activities and used on our website and worship services? Yes _____ No _____

Parent/caregiver's signature: _____

