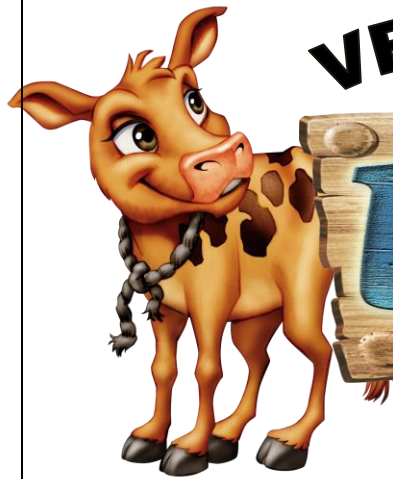


**VBS August 22-24, 2023**



# 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: \_\_\_\_\_

