



VBS registration Form

Student's Name

Parent/Family/Guardian Name

Address

E-mail Address

Phone Numbers Home _____ Cell _____ Work _____

Date of birth _____ Age _____

Last school grade completed _____

Home Church

Friends of your child at this church

Allergies/Medical Information/Other

Emergency Contacts

Name _____ Phone _____

Name _____ Phone _____

Dismissal Information

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