



## VBS 2017 Registration Form – STUDENTS



Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home E-mail Address: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Last School Grade Completed: \_\_\_\_\_

Home congregation (if any): \_\_\_\_\_

*In case of emergency (when the parent/guardian cannot be reached) please contact:*

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

*Please list any allergies (including food allergies) the VBS staff should be aware of:*

\_\_\_\_\_

Person responsible for picking up this child at the end of each VBS day:

Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Office Use:

Amount Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Entered: \_\_\_\_\_