



VBS 2018 Registration Form – STUDENTS



Child's Name: _____

Child's Age: _____ Last School Grade Completed: _____

Allergies: _____

Parent/Guardian Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail Address: _____

Home congregation (if any): _____

In case of emergency, when the parent/guardian cannot be reached, please contact:

Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Relationship to child: _____

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

Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Signature of Parent/Guardian: _____

Office Use:

Amount Paid: _____ Date: _____ Entered: _____