

**VBS Registration Form**  
**Aug. 3 – 7    5:30 – 7:30 pm**

**Childs Name** \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell** \_\_\_\_\_ **Work** \_\_\_\_\_

**Age Information**

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Last grade of school completed \_\_\_\_\_

**Home Church** \_\_\_\_\_

**Allergies/Medical Information** \_\_\_\_\_

\_\_\_\_\_

**Emergency Contacts**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Dismissal Information**

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

\_\_\_\_\_

\_\_\_\_\_