



VBS Registration Form

(one per child)

Child's name: _____ Child's gender: M F

Child's age: _____ Date of birth: _____ Last school grade completed: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ Zip code: _____

Home telephone (_____) _____

Parent/ caregiver's cellphone: (_____) _____

Home email address: _____

Home church: _____

Allergies, medical conditions, or special needs: _____

In case of emergency, contact: _____

Phone: (_____) _____

Relationship to child: _____

Crew number or name (for church use only): _____

