



2010 VBS REGISTRATION FORM

June 21-25, 9:00 a.m. - Noon

Child's name: _____

Parent/Guardian name: _____

Address: _____

Phone Numbers:

Home: _____

Work: _____

Cell: _____

E-Mail: _____

Age Information (Kindergarten through 5th Grade only):

Age: _____

Last grade completed in school from K-5th: _____

Medical Information:

Medical or other information we need to know. (Please include any food allergies.) _____

Emergency Contacts:

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Other information:

Do you attend Sunday School/Life Group? If so, where?

If you are visiting our church, who are you a guest of?

T-shirts: \$5 each
Size: Youth ____
or Adult ____

