



# 2019 VBS Registration Form

Name(s): \_\_\_\_\_

Birthdate(s): \_\_\_\_\_

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

City, Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Parent(s) or Legal Guardian: \_\_\_\_\_

In Case of Emergency Call: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Allergies or Other Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

Last grade completed: \_\_\_\_\_

Do you have a home church? Yes or No

If yes, what is name of your church \_\_\_\_\_

Anything else we should know about your child(ren)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_