

VBS 2019 Child Registration

Dates: June 24-27, 6:00 p.m. -8:30 p.m.

Who's this Registration for?

First Name: _____ Last Name: _____

Email Address: _____

Registration!

Birthdate (MM/DD/YYYY): _____

Gender: _____

Last Grade Completed: _____

Allergies, Medical, & Special Needs (Leave Blank if None): _____

How did you hear about VBS: _____

Where did your child most recently attend school? _____

Do you have a church home? _____ If yes, please name! _____

By registering my child, I give permission for their photo to be taken and used for church publication

Emergency Contact Information!

Parent First and Last Name: _____

Parent Phone Number: _____

Emergency Contact First and Last Name: _____

Emergency Contact Phone Number: _____