



Registration Form VBS 2025

1. Child: _____
Name _____ dob, last grade completed _____
- Child: _____
Name _____ dob, last grade completed _____
- Child: _____
Name _____ dob, last grade completed _____

2. Address: _____ City: _____ Zip: _____

3. Email: _____ 4. Phone: _____

5. Name(s) of Parent(s)/Guardian(s): _____

6. Allergies/Health Information: _____

7. All people authorized to pick up child(ren)- _____

8. Emergency Contact Name & Phone : _____

9. Do you attend Church? _____ Where? _____