



REGISTRATION FORM VBS 2026

1. CHILD'S NAME _____ DOB/LAST GRADE COMPLETED _____

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2. ADDRESS: _____ CITY/STATE: _____ ZIP: _____

3. CONTACT INFORMATION

EMAIL: _____ PHONE: _____

PARENT/GUARDIAN NAME(S): _____

4. ALLERGIES/HEALTH INFORMATION: _____

5. ALL PERSONS AUTHORIZED TO PICK UP CHILD(REN): _____

6. EMERGENCY CONTACT NAME/PHONE#: _____

7. DO YOU ATTEND CHURCH? _____ IF SO, WHERE? _____



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