



VBS Registration Form

(one per household)

Items available for purchase:
_____ Music CD ~ \$5 donation
_____ T-shirt ~ \$5 donation

Name of parent(s): _____ Home telephone: _____
Street address: _____ City: _____ ZIP: _____
Parent/Caregiver's cell #: _____ Home e-mail address: _____
In case of emergency, contact: _____ Telephone #: _____
Emergency contact's relationship to child: _____
Home Church: _____

I understand that my child's photograph might be taken during VBS activities and used for promotions.

Parent signature

Child's name: _____ Gender: M or F Child's Age: _____ DOB: _____

Allergies or other medical conditions: _____

Check One: Grade Completed: _____ Starting Kindergarten
 4yr — 6yr old (Not Starting Kind.) Baby — 3yr old**
**Only for Parent Volunteers

Child's name: _____ Gender: M or F Child's Age: _____ DOB: _____

Allergies or other medical conditions: _____

Check One: Grade Completed: _____ Starting Kindergarten
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