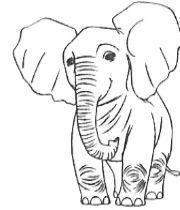


# Registration Form



Dates: \_\_\_\_\_ Church: \_\_\_\_\_ Confidential Form

Child's name: \_\_\_\_\_

Nickname/preferred name to be called: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

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

Home telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Home email address: \_\_\_\_\_

Child's age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Gender: M F

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

Siblings: \_\_\_\_\_

Home faith community (if any): \_\_\_\_\_

In case of emergency (when the parent/guardian cannot be reached), please contact:

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Please list any allergies/medical needs the VBS staff should be aware of:

Person responsible for picking up this child at the end of each VBS day:

Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Tell us anything special you'd like us to know about your child (use back side if you'd like)

This will/will not be my child's first large-group experience other than Sunday school.

ONE friend my child would like to be with: \_\_\_\_\_

Special needs/circumstances: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

Please indicate below if you would like to volunteer

Site Guide    Assistant    Registrar    Other

Days available: \_\_\_\_\_