

Registration Form

(One per child)



Child's Name: _____

Child's Gender: _____ Child's Age: _____

Date of birth: _____ Last grade completed: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ Zip: _____

Home Telephone: (____) _____

Parent/caregiver's cellphone: (____) _____

Additional contact number: (____) _____

Home email address: _____

Home church: _____

Crew number or name (for church use only) _____

Allergies or other medical conditions: _____

In case of emergency, contact: _____

Contact # during VBS hours: _____

Relationship to child: _____

