



VBS Registration Form

Student's Name _____

Parent/Family/Guardian Name _____

Address _____

E-mail Address _____

Phone Numbers Home _____ Cell _____ Work _____

Date of birth _____ Age _____

Last school grade completed _____

Home Church _____

Allergies/Medical Information/Other

Emergency Contacts:

Name _____ Phone _____

Name _____ Phone _____

Dismissal Information Name(s) of person(s) who may pick up this child from VBS

If your child has Special Needs, please give details here:

