



VBS Registration Form

Student's Name _____

Parent / Family / Guardian Name _____

Address _____

City, Zip Code _____

Email Address _____

Phone Numbers Cell _____ Home _____

Date of Birth _____ Age _____

Last School Grade Completed _____

Home Church _____

Allergies/ Medical Information / Other

Emergency Contacts

Name _____ Phone _____

Name _____ Phone _____

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

Group Assigned (Church Use Only) _____