



VBS Registration

Child's First and Last Name _____

Date of Birth _____

Grade Completed: PreK (4 and 5 year olds)

Kindergarten

First Grade

Second Grade

Third Grade

Fourth Grade

Fifth Grade

Food Allergies _____

Medical Concerns _____

Parent/Guardian First and Last Name _____

Address _____

Phone Number _____ Secondary Phone Number _____

Email Address _____

Emergency Contact First and Last Name _____

Emergency Contact Phone Number _____

Your Relationship to the Child _____

Please list the adults who have permission to pick up your child from church

