VBS Registration Form

Child's Name		
Date of Birth		Last School grade completed
Parent / Guardian Name		
Phone numbers: Cell		Home
Mailing Address		
Email		
Home Church (if any)		
Friends of your child at this chu	ırch	
Special Needs / Allergies / Med	ical Information:	
understand the images may be used	d in print publication	e my child's photograph publicly in VBS materials. Ins, online publications, presentations, websites, and ther compensation shall become payable to me by

Meeker Christian Church Vacation Bible School 443 School Street, Meeker, CO 81641

Parent / Guardian's Signature _____

Dates: June 5th-6th Time: 6 pm - 8 pm

Dates: June 7th Time: 9 am - 12 pm

