



First Christian Church VBS

7/25-7/29/2021

Register by 7/19/21

Registration Form (One Per Child)

It is required to provide an answer to ALL questions.
We need to be able to contact you and give accurate
medical information if your child is left within our care!

Child's Name: _____ Child's Gender: _____

Child's Age: _____ Date of Birth: _____ Last School Grade Completed: _____

Name of Parent/Caregiver(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Parent/Caregiver's Cellphone: _____

Parent/Caregiver's Email Address: _____

Home Church: _____

+ Child Medical and Emergency Section

Allergies, including FOOD, or other medical conditions: _____

In Case of Emergency Contact: _____

Relationship to Child: _____ Cellphone: _____

Church Use Only

Crew Number or Name: _____