

Registration Form

(one form per child)

Child's Name _____

Date of Birth _____ Phone Number _____

Grade Attending Next School Year _____ Boy / Girl? _____

Father's Name _____

Mother's Name _____

Address _____

Do you attend a church? _____ Name of Church _____

E-mail address _____

Emergency Information



Allergies or other medical conditions? _____

In case of emergency, contact: _____

Phone: _____

Relationship to child: _____

PLEASE NOTE: During VBS, we will be taking pictures of children during various activities so that we may use the pictures as part of our graduation program.

Crew Number or Name (for church use only) _____