



LET'S GO

VBS Registration Form

(One Per Child)

Child's name: _____

Child's age: _____ Date of birth: _____ School grade entering in Fall: _____

Name of parent(s) _____

Home address _____

City _____ State: _____ ZIP: _____

Home telephone: (_____) _____

Parent/caregiver's cell phone _____

Home e-mail address: _____

Emergency contact name _____

Relationship to child _____

Allergies or other medical conditions _____

Home church _____

Preferred buddy or a friend that they would like to be with: _____

Shirt size (circle one: youth S(6-8) youth M(10-12) youth L (14-16) adult S

Home number or name (for church use only): _____

Payment method: yes no amount: _____ cash or check #: _____

