

VBS REGISTRATION FORM - JULY 13-17, 2009
One form per child please...

Attendee Information:

Child's Name _____

- Check if sibling is also attending VBS

Address _____

Town _____ Zip _____

Home Church _____

Allergies

Food: nuts / dairy / other (*please specify*) _____

Insect bites

Medical Conditions:

Asthma Heart problems Other _____

For Class Assignment (information is **mandatory**):

Date of Birth _____ Age _____ (4-12 yr. olds)

(Must be 4 by 10/01/09 to attend)

Circle Grade Completed by June 2009: (grade assigned to for our program)

PreK3 / PreK 4 / Kindg / 1st / 2nd / 3rd / 4th / 5th / 6th

Parent Information:

Mother _____ Father _____

Phone Number* _____

(* **contact number during program**)

Email _____

Emergency Contact Name _____

Relation _____ Phone _____

Do you wish to join the Parent Class? (runs during children's program) **YES / NO**

(Babysitting is available for children only if the parent is volunteering or attending the Mother's class)