

VBS Registration



Child's Name: _____

Parent/Guardian Name: _____

Address: _____

Home Telephone: _____ Cell phone: _____

Home email address: _____

Child's Age: _____ Last school grade completed: _____

Home congregation (if any): _____

In case of Emergency (when the parent/guardian cannot be reached) please contact:

Name: _____

Telephone: _____ Cell Phone: _____

Relationship to child: _____

Please list any allergies the VBS staff should be aware of: _____

Person responsible for picking up this child at the end of each VBS Day:

Name: _____

Telephone Number: _____ Cell phone: _____

(Please pick up all children at the back entrance of Luther Hall.)

Signature of parent/guardian: _____

Date: _____