

# REGISTRATION FORM

Student's name \_\_\_\_\_ Male/Female \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone (\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Last school grade completed \_\_\_\_\_

Home church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Brother or sister's name \_\_\_\_\_ Other \_\_\_\_\_

Name of a special friend your child might like to be with \_\_\_\_\_ Need transportation? \_\_\_\_\_

Parent/Guardian name \_\_\_\_\_ Home phone # (\_\_\_\_) \_\_\_\_\_

Mom's cell # (\_\_\_\_) \_\_\_\_\_ Mom's work # (\_\_\_\_) \_\_\_\_\_

Dad's cell # (\_\_\_\_) \_\_\_\_\_ Dad's work # (\_\_\_\_) \_\_\_\_\_

Allergies/Medical conditions \_\_\_\_\_ Emergency contact \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Relationship to child \_\_\_\_\_

Person other than parent authorized to pick up your child \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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# RECORD FORM

Circle days attended  
**S M T W Th F**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Last grade in school \_\_\_\_\_

Church Member? \_\_\_\_\_ What church? \_\_\_\_\_

Attends Sunday School where? \_\_\_\_\_

Father's Name \_\_\_\_\_ Attends Sunday School? \_\_\_\_\_

Mother's Name \_\_\_\_\_ Attends Sunday School? \_\_\_\_\_

Assigned to \_\_\_\_\_ Class \_\_\_\_\_

Teacher \_\_\_\_\_ Transportation Needed? \_\_\_\_\_

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