



# 2018 VBS Elementary REGISTRATION

June 24th-28th

6:30-8:30 PM

CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ Grade \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

CONTACT NUMBERS: HOME# \_\_\_\_\_ EMERGENCY# \_\_\_\_\_

PARENTS/GUARDIANS NAME \_\_\_\_\_

Parent will be attending the Adult VBS.

Parent is helping w/ kids VBS.

ALLERGIES/MEDICAL CONDITIONS: \_\_\_\_\_

HOME CHURCH \_\_\_\_\_