



VBS 2018 REGISTRATION FORM
JUNE 11-15, 8:30 AM-11:30 AM
4 YEARS OLD- 5TH GRADE

Parent/Guardian Name(s) _____

Cell Phone _____

Email _____

Children Being Registered:

Name: Gender Grade Leaving Age Allergies T-Shirt Size

Emergency Contact _____

Emergency Contact Phone _____

What church do you regularly attend _____

Notes (Any additional info that will help us minister to your child/children):

Photo Release: By signing this form I also agree to the following release of information regarding my child: The church may feature my child in videos, on the church website, and in publications and programs.

Please return this form and \$5 for each t-shirt needed to the church office or Ben Stephenson.

Parent/Guardian Signature

Date