



VBS Registration Form  
Calvary Baptist Church  
225 Holly Lane  
Elizabethton  
June 3-June 7, 2018

*Please print plainly.  
Complete and return on the first day  
your child attends our VBS.*

**Child's Name** \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Numbers:**

Home \_\_\_\_\_ Cell \_\_\_\_\_

**Age Information:**

*Birth date (for preschoolers) or last grade completed in school:*

\_\_\_\_\_

**Medical Information:**

*Medical or other information we need to know.  
(Please include any food allergies.)*

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact:**

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

**Dismissal Information:**

*Who may pick up your child at the end of each VBS day?*

\_\_\_\_\_

**Other Information:**

*Do you attend Sunday School? If so, where?*

\_\_\_\_\_

*If you are visiting our church, how did you find out about our VBS?*

\_\_\_\_\_