



VBS Registration Form  
July 24<sup>th</sup>-28<sup>th</sup> 8:30-11:30 am  
Ages 4-Teen  
Donations appreciated but optional (\$10 per child/\$20 per family)

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Street address \_\_\_\_\_

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

Home phone (\_\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Parent name(s) \_\_\_\_\_

**Parent Signature: I give permission for my child to participate in this VBS program and to have photos posted on church social media** \_\_\_\_\_

I give permission for my child to be picked up by the following people:

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Parent work phone(s) \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_

Allergies or other medical conditions \_\_\_\_\_

School grade just completed \_\_\_\_\_

Name of home church, if any \_\_\_\_\_

Group Color Assignment (provided by staff) \_\_\_\_\_