

VBS Registration

Child's Name: _____

Gender: Male Female Birth Date: ____/____/____ Age ____ Grade Completed: ____

Address: _____ City: _____ Zip: _____

Parent(s)/Guardian(s) _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact: _____

Relationship to Child: _____ Phone: _____

Name of Home Church: _____

Food Allergies: Yes No List: _____

Medical Concerns: Yes No List: _____

How did you hear about our VBS: _____

Staff Use:

	Attendance 100	Visitor 200	Verse 100				Total
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							

Grand Total: _____