

For office use only: Class: _____

Teacher: _____



VBS Registration

“FOLLOW THE LAMB”

Name: _____

Birthday: _____

Age: _____ Grade Completed: _____

Parent's Names: _____

Address: _____

Home Phone: _____

Alternate Phone: _____

Emergency Contact: _____

Relationship to Child: _____

Phone: _____ Alt. Ph: _____

Food Allergies: _____

Medical Problems: _____

Family Doctor: _____

Telephone: _____

Siblings attending VBS(names&ages): _____

Church affiliation _____

Church membership at _____

Brought by _____

