



VBS
REGISTRATION
FORM
(one per child)

Office Use Only:
Assigned Group:

July 12-14, 9AM-12 PM
VBS Age: 4 year old-entering 3rd grade

Name: _____ Gender: M F Age: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (____) _____

Cell telephone: _____

Home e-mail address: _____

Date of birth: ____/____/____

Last school grade completed: _____

In case of emergency, contact: _____

Mother: _____

Father: _____

Allergies or other medical conditions: _____

People who may pick up the child: _____

Church Where You Attend: _____

Name of a special friend your child might like to be with: _____

Any additional information about your child: (use back if needed)

VBS IS PRESENTED BY CHRIST OUR REDEEMER LUTHERAN CHURCH