



Registration Form



Dates: _____

Church: _____

Confidential Form

Child's name: _____

Nickname/preferred name to be called: _____

Parent/Guardian name: _____

Address: _____

Home telephone: _____ Cell phone: _____

Home e-mail address: _____

Child's age: _____ Date of birth: _____ Gender: M F

Last school grade completed: _____

Siblings: _____

Home congregation (if any): _____

In case of emergency (when the parent/guardian cannot be reached) please contact:

Name: _____

Telephone: _____

Relationship to child: _____

Please list any allergies/medical needs the VBS staff should be aware of:

Person responsible for picking up this child at the end of each VBS day:

Name: _____

Telephone number: _____

Tell us anything special you'd like us to know about your child (use back side if you'd like)

Special needs/circumstances: _____

Signature of parent/guardian: _____

Please indicate below if you would like to volunteer

Site Guide Assistant Registrar Other _____

Days available:

Emergency Card

Child's name:

Child's Birthday (including year):

Height:

Weight:

Hair:

Eyes:

Parent/guardian:

Address:

Home telephone:

Cell phone:

Emergency contacts:

Name/Number/Relationship:

Name/Number/Relationship:

Allergies:

Medications:

Medical conditions:

Other

Physician: Name/Clinic/Phone

Dentist: Name/Clinic/Phone