



June 16-20, 2008

VBS Registration
Please complete one per child.

Child's Name _____

Address _____ City _____ Zip _____

Phone # _____

Date of Birth _____ Class Assigned to: _____

Allergies: _____

One person your child would like to be in the class with _____

ADULT INFORMATION

Adult to notify in case of emergency (other than self) _____

Phone number of emergency contact: _____

Guardian name (if another person is responsible for your child during VBS)

_____ Phone Number _____

Do you/your child attend Church: Yes or No

If so, where? _____



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