



## VBS 2008 Registration Form (1 per child)

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_

Parent/Caregiver's cell phone: \_\_\_\_\_

Home email address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Last school grade completed: \_\_\_\_\_

Name of school: \_\_\_\_\_

In case of emergency contact (name and cell #): \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Other: \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

Home church: \_\_\_\_\_