



# 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: