



## Registration Form

Child's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number: \_\_\_\_\_

Birth date \_\_\_\_\_ (FOR PRESCHOOL ONLY)  
Month/Day/Year

Last grade completed in school \_\_\_\_\_

Emergency Contact:

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Dismissal Information:

Who may pick up your child at the end of each VBS day?

\_\_\_\_\_

Other Information:

Do you attend Sunday School? If so where?

\_\_\_\_\_

If you are visiting our church, who are you a guest of?

\_\_\_\_\_