



June 6-10 9:00 am until Noon

2016 VBS

REGISTRATION

4 years through upcoming 6th graders

Name: _____

Gender: _____

Child's age: _____

Grade for next school year: _____

Parent's name: _____

Street Address: _____

City _____, State: _____ Zip: _____

Home Telephone Number: _____

Caregiver/Parent Cell Phone Number: _____

Home email: _____

Home church : _____

Allergies or other medical concerns:

In case or emergencies please contact:

Phone: _____

Relationship to child: _____

Child will be picked up after VBS
by: _____

Date: _____

For upcoming 5th and 6th grade students:
My child has permission to go with the 5th and 6th
Grade Vacation Bible School leaders on June 6-10
on the church bus.

Parent Signature: _____

Date: _____