



# VBS Registration Form

Student's Name \_\_\_\_\_

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

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone Numbers Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**Age Information**

Date of birth \_\_\_\_\_ Age \_\_\_\_\_

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

Home Church \_\_\_\_\_

Friends of your child at this church \_\_\_\_\_

Special Needs/Allergies/Medical Information/Other: \_\_\_\_\_

**Emergency Contacts**

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

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

**Dismissal Information:**

Name(s) of person(s) who may pick up this child from VBS

**Other Information (church use only)**

Rafter Group \_\_\_\_\_

Are parents/guardians/family members helping with Rolling River Rampage? \_\_\_\_\_

If yes, where? \_\_\_\_\_