

## Registration Form

Please fill out this form and bring it with you when you bring your child(ren) to Vacation Bible School. It will help us meet any special needs your child(ren) might have, as well as help us with our records. Thank You.

Emergency Contact Phone Number \_\_\_\_\_  
**(Where you can be reached during VBS time.)**

Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

### **Please list all children attending:**

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

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

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

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

Please note any allergies, or special needs or guardianship issues your child(ren) might have that we should know about:

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