



REGISTRATION FORM

(ONE PER FAMILY)

PARENT/GUARDIAN NAME _____ CELL PHONE _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

CHURCH YOU ATTEND MOST REGULARLY _____

CHILDREN ATTENDING:

	<u>CHILD NAME</u>	<u>AGE</u>	<u>MALE/FEMALE</u>	<u>ALLERGIES</u>
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____

Do your children need bus transportation to and from VBS each evening?

YES / NO