

VBS Registration Form ... July 13-17 9AM-NOON

(one per child)

Name: _____

Street address: _____

City: _____ State: _____

ZIP: _____ Home Phone: (____) _____

Cell Phone: (____) _____

Home e-mail address: _____

Age: _____ Date of birth: _____

Last school grade completed: _____

In case of emergency, contact: _____

Emergency contact phone: (____) _____

Parent(s) Name(s): _____

