



## ~ VBS 2017 Registration Form ~

Child's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ School grade entering this fall: \_\_\_\_\_

Adult(s) who'll be attending VBS with child:

\_\_\_\_\_  
\_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

Are you members of a church? \_\_\_\_\_ If so, which one? \_\_\_\_\_

Name of a family you'd like to be in a group with: \_\_\_\_\_



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