



# VBS Registration Form

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

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

Address \_\_\_\_\_

\_\_\_\_\_

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

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

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

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

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

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

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)

Hero Group \_\_\_\_\_

Are parents/guardians/family members helping with VBS Hero Central? \_\_\_\_\_

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