



VBS Registration Form

August 14-18, 2017

9:00 am–11:30 am

(One Per Child)

Child's name: _____ Child's gender: _____

Child's age: _____ Date of birth: _____ Last school grade completed: _____

Name of parent(s): _____

Street address: _____

City: _____ Province: _____

Postal Code: _____ Home telephone: (_____) _____

Parent/caregiver's cell phone: (_____) _____

Home email address: _____

Home church: _____

Crew number or name (for church use only): _____

I would like to be in the same group as: _____



Allergies or other medical conditions: _____

In case of emergency, contact: _____ Phone: _____

Relationship to child: _____