



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? _____

★ IF your child has Special Needs, please also Fill out the Form on the back! ★