

VBS Registration Form:

JULY 13TH – 17TH 2009



Child's Name _____

Parent/Guardian Name _____

Address _____

E-mail Address _____

Photo Release for Church Material & Media: Yes _____ No _____

Phone Numbers Home _____ Cell _____ Work _____

Age Information

Date of birth _____ Age _____

Grade Entering in Fall of 2009 _____

Home 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)

Camper Group _____

Are parents helping with CAMP E.D.G.E. VBS? _____

If yes, where? _____