



# VBS 2021 REGISTRATION FORM



\*\*\*Must be 4 years old-6th Grade to participate.\*\*\*

**June 14-18 • 9 AM-Noon • Cost is \$5 per child**

Please complete one form per family.

CHILD'S NAME: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Grade entering in fall: \_\_\_\_\_

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Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Grade entering in fall: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Grade entering in fall: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Grade entering in fall: \_\_\_\_\_

Parents/Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_ Home Church \_\_\_\_\_

Other Emergency Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Adult Pick-up Authorization: *I give my permission for my son/daughter to be picked up from Christ Church VBS by the following persons:*

1. \_\_\_\_\_ 2. \_\_\_\_\_

Allergy concerns or special dismissal instructions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For office use only

Date Rcv'd \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_ Registered in System \_\_\_\_\_ Crew Assigned: \_\_\_\_\_