

# Registration Form



\_\_\_\_\_  
Name of Church

\_\_\_\_\_  
Dates and Times of VBS

\_\_\_\_\_  
Child's Name Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Parent or Legal Guardian Telephone Number  
(for emergency purposes)

\_\_\_\_\_  
Emergency Contact Person Relationship to child Telephone Number  
(other than parent)

Allergies (especially food allergies) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Helpful Information (illnesses, medication, activity restriction, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Assigned to Chaplain: \_\_\_\_\_