

# VBS Registration

Parent/guardian (s) Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Group: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Group: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Group: \_\_\_\_\_

\*\*\*Allergies: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My child has permission to attend and participate in High Seas Expedition VBS program.