

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.