



VBS Registration Form

June 22-26 5:30-7:30 p.m., Snack Supper Provided

\$15/child before 5/15, \$20 after 5/15

Ages 4 (by 6/22 & potty trained) to rising Fifth graders

Family Information

Parent/Guardian name _____

Address _____

Phone _____

(please provide home and cell numbers for emergency contact if necessary)

Home Church _____

Children

The children will be grouped differently this year, so please provide names of up to three children that you would like your child to be grouped with. We will do our best to place them together.

Name	Birth date	Gender	Grade (Fall '09)	Shirt Size
_____	____/____/____	_____	_____	_____
Group with 1) _____	2) _____	_____	3) _____	_____
_____	____/____/____	_____	_____	_____
Group with 1) _____	2) _____	_____	3) _____	_____
_____	____/____/____	_____	_____	_____
Group with 1) _____	2) _____	_____	3) _____	_____

Do you want your child placed with his/her siblings? yes no does not matter

Special Concerns/Needs/Allergies: (please be specific if there are special needs for dinner)

Volunteer Information

We need you! Can you help with VBS this year?

_____ Yes, I would like to make or provide something (snacks, supplies, etc.)

_____ Yes, I would like to help with the children. My area of interest is _____

What's the best way to contact you? (phone, cell phone, email, etc) _____