

VBS 2024 Registration Form

(Return on or before July 7 if possible please)

Child's Name _____

Parent/Guardian Name _____

Address _____

(Apt or House # and Street / Road)

(City)

(State)

(Zip Code)

Email Address _____

Phone Numbers Home _____ Cell _____ Work _____

Age Information

Date of Birth: _____ Age: _____ Grade child enters Fall of 2024 _____

Home Church _____

Allergies/Medical Information/Dietary Restrictions/Other

Emergency Contacts

Name _____ Phone # _____

Name _____ Phone # _____

Dismissal Information (names of person (s) who may pick up this child from VBS)

May we use your child's photo for publicity in brochures or newspaper articles? Yes ___ No ___ (None posted online)

Developmental Concerns: Does your child have difficulty with any of the following? (If yes, please explain. Use the back if necessary)

Communicating or understanding? _____

Social Interaction? _____

Eating or Drinking Independently or Safely? _____

Need help using the restroom? Walking or use of hands? _____

May wander or run away from group? _____

Strengths or weaknesses/other information to help ensure your child has an enjoyable and safe week:

Other Information (church use only)

Group _____

Are parents helping with VBS? Yes ___ No ___ If yes, where? _____