

Registration Form

Child's Name _____

Parent/Guardian Name _____

Address _____

E-mail Address _____

Phone Numbers Home _____ Cell _____ Work _____

Age Information _____

Date of birth _____ Age _____

If preschool age, has he/she attended Preschool? Yes No

Grade child going into _____

Home Church _____

Allergies/Animal Allergies/Medical Information/Other _____

Emergency Contacts _____

Name _____ Phone _____

Name _____ Phone _____

Dismissal Information _____

Students will only be dismissed from VBS each night to designated responsible adults. Please list adults who your child(ren) may be dismissed to.

A Cosmic Adventure Praising God!