

I ♥ UVBC *Vacation Bible School* VBS! REGISTRATION FORM

..... 2020

Childs Name: _____

Childs Age: _____ Date of Birth: _____ Last School Grade Completed: _____

Name of Parent(s): _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Home telephone: _____

Parent/caregiver's cell phone _____

Home e-mail address _____

Home church: _____

Allergies or other medical conditions: _____

In case of emergency, contact: _____

Phone: _____

Relationship to Child: _____