



Ages of Participants: Entering kindergarten - entering 5th grade

VBS REGISTRATION FORM

(One Per Child)

Child's Name:						
Child's Age:		of Birth:				
Grade (going into)	: Circle one					
Kindergarten :	1 st grade	2 nd grade	3 rd grade	4 th grade	5 th grade	
Name of Parent(s)	:					
Street Address:						
City:		Sta	te:	ZIP:		
Home Telephone:	ome Telephone: Parent(s) Cell Phone:					
Home E-mail Addre	ess:					
In Case of Emerge	ncy, Contact:					
Relationship to Chi	ld:					
Allergies or Other I	Medical Condit	ions:				
PARENTS: We N		•			ers. A crew leadel	
Name of Volunteer	(s):					
Contact info (phon	e & email):					
Please specify if yo	ou would like t	o be a crew lead	ler for your child	!		
I give permission f	or Dells Comn	nunity VBS to ta	ke pictures of m	y child for possib	le posting on church	
related publication	sYes	No				

REGISTER YOUR CHILD BY <u>JULY 10th</u> TO BE ENSURED A SPOT!
Return forms via email to <u>DRCommunityVBS@gmail.com</u> or sign up at https://form.jotform.com/231028755203146 or use the QR code

