

VBS ENROLLMENT FORM

CHILD'S NAME _____

CHILD'S ADDRESS _____

Name(s) of Parents/Guardian: _____

Phone Numbers: Home# _____ Work# _____ Cell# _____

► Where did you hear about our VBS? _____

► Does child regularly attend Sunday School? _____ If so, where? _____

► Place "X" in appropriate box*:

Age 4 or 5 not attending Kindergarten this fall (VBS Preschool Class)

Pre-Kindergarten – will attend Kindergarten this fall

Kindergarten (last completed Kindergarten)

1st Grade (last completed 1st Grade)

4th Grade (last completed 4th Grade)

2nd Grade (last completed 2nd Grade)

5th Grade (last completed 5th Grade)

3rd Grade (last completed 3rd Grade)

6th Grade (last completed 6th Grade)

► Medical or other information we need to know (*also – please indicate food allergies*):

► In the event of an emergency, whom do we call?

| NAME | RELATIONSHIP TO CHILD | PHONE |
|------|-----------------------|-------|
|------|-----------------------|-------|

| NAME | RELATIONSHIP TO CHILD | PHONE |
|------|-----------------------|-------|
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► Who may pick up child at the end of each VBS day?

VBS Worker (name of worker) _____

Other (please specify who may pick up this child at the end of each VBS day)

| NAME | RELATIONSHIP TO CHILD | PHONE |
|------|-----------------------|-------|
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| NAME | RELATIONSHIP TO CHILD | PHONE |
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