



**Preschool VBS Registration Form
Ages 3 thru Kindergarten**

20_____

Parent Information

Parent's names _____

Street address _____

City _____ Zip _____

Phone _____ Alternate phone _____

Email _____

Emergency Contact Name _____

Relationship _____ Phone _____

Alternate Pick up person _____

Relationship _____

Home church (if any) _____

How did you hear about VBS? _____

Student Information

1. Child's name _____

First Last

Gender _____ Age _____ Date of birth _____

2. Child's name _____

First Last

Gender _____ Age _____ Date of birth _____

3. Child's name _____

First Last

Gender _____ Age _____ Date of birth _____

*****A medical/photo release form must be filled out as well.**