



Elementary VBS Registration Form  
Completion of Kindergarten thru 6th Grade  
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 \_\_\_\_\_ Grade last completed \_\_\_\_\_ Date of birth \_\_\_\_\_

2. Child's name \_\_\_\_\_

**First Last**

Gender \_\_\_\_\_ Grade last completed \_\_\_\_\_ Date of birth \_\_\_\_\_

3. Child's name \_\_\_\_\_

**First Last**

Gender \_\_\_\_\_ Grade last completed \_\_\_\_\_ Date of birth \_\_\_\_\_

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