

VBS REGISTRATION (PLEASE PRINT)

Please completely fill out this form even if you are a member of The Core Church

Team _____ (for registration team use only)

Child

Last _____

First _____

Age _____ Grade _____

Parents

Last _____

First _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____

Email _____

Invited by _____

Emergency Contact Name/Phone Number _____

Allergy/ Special Information _____

Person(s) authorized to take child from premises _____