



Welcome to the Neighborhood VBS Registration Form

(One Per Child)

Child's name: _____ Child's gender: _____

Child's age: _____ Date of birth: _____ Last school grade completed: _____

Name of parent(s):

Street address:

City: _____ State: _____ ZIP: _____

Home telephone: (_____) _____

Parent/caregiver's cellphone: (_____) _____

Home email address:

Home church:

Group Assignment: (for church use only): _____

Allergies or other medical conditions: _____



In case of emergency, contact: _____

Phone: _____

Relationship to child: _____

Please return this form to the church. If you do not plan on bringing the form until the first day of VBS, we ask that you send an e-mail to stpaulstowntown@gmail.com so we may have an idea of the number of children attending. Thank you!