

VBS REGISTRATION FORM

Child's Name _____ Color Group Assignment _____

Birth Date _____ Age _____ Grade _____

Names of Siblings Attending VBS _____

Parent's Names _____

Address _____

Home Phone _____ Work Phone _____

Pager or Cell Phone _____ Church Home _____

Emergency Contact _____ Relationship _____

Phone _____

Allergy/Health Conditions _____

I permit my child's name and food allergy to be posted for VBS staff members to see. Yes _____ No _____ NA _____

My child has permission to attend and participate in Wildwood Forest VBS program.

Parent Signature _____

Date _____



VBS REGISTRATION FORM

Child's Name _____ Color Group Assignment _____

Birth Date _____ Age _____ Grade _____

Names of Siblings Attending VBS _____

Parent's Names _____

Address _____

Home Phone _____ Work Phone _____

Pager or Cell Phone _____ Church Home _____

Emergency Contact _____ Relationship _____

Phone _____

Allergy/Health Conditions _____

I permit my child's name and food allergy to be posted for VBS staff members to see. Yes _____ No _____ NA _____

My child has permission to attend and participate in Wildwood Forest VBS program.

Parent Signature _____

Date _____

