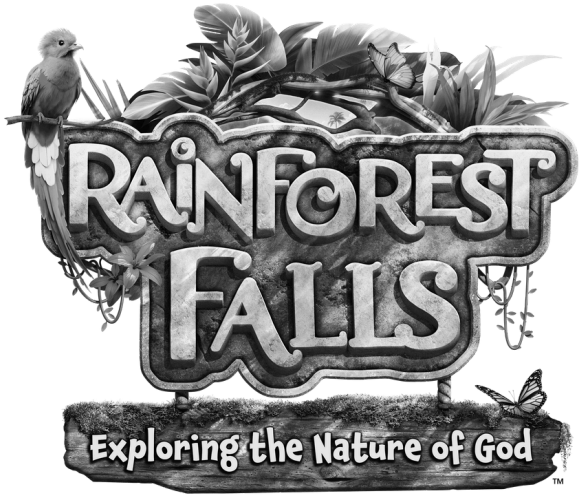
VBS Registration Form

(One form per child)

July 12 – 16 @ 6:00 – 8:30 PM

Second Baptist Church



Child's Name: _____

Child's gender: M / F Child's age: ____

Date of birth: ____/____/_____ Last school grade completed: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Cell phone: (_____) _____-_____

Other phone: (_____) _____-_____

Home email address: _____

Home church: _____

Allergies or other medical conditions: _____

In case of emergency, contact: _____

Phone: (_____) _____-_____

Relationship to child: _____