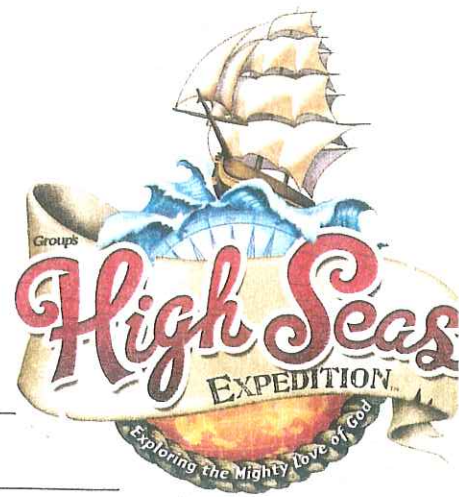


VBS REGISTRATION FORM



Child's Name: _____

Parent/Guardian Name: _____

Address: _____

Home telephone: _____ **Cellphone:** _____

Home e-mail address: _____

Child's age: _____

Grade entering in FALL (please check):

3 yr preschool _____ **4 yr preschool** _____ **5 preschool** _____

Kindergarten _____ **1st** _____ **2nd** _____ **3rd** _____ **4th** _____

Home congregation (if any): _____

Emergency inf.: (in case the parent/guardian cannot reached)
Please contact:

Name: _____

Telephone: _____

Relationship to child: _____

Please list any allergies (including food allergies) the VBS staff should be aware of: _____

Person responsible for picking up this child at the end of each VBS day:

Name: _____

Telephone number: _____

Signature of parent/guardian: _____

God's Word
is true.

God's Word
is comforting.

God's Word
is surprising.

God's Word is
life-changing.

God's Word is
for everyone.



VBS VOLUNTEER FORM

Name: _____ (Adult _____) (Student _____)

Address: _____

Phone: _____ **E-Mail** _____

I would like to volunteer for:

Registration: _____

Music: _____

Crafts: _____

Snacks: _____

Storytelling: _____

Games: _____

Guide: _____

Jr. Guide (5th Grade): _____

WHERE EVER NEEDED: _____

PRESCHOOL HIGH SEAS EXPEDITION:

Preschool crafts: _____

Preschool storytelling: _____

Preschool guide: _____

WHERE EVER NEEDED: _____

