

VBS REGISTRATION FORM

One per Child



Child's Name:

Child's Gender

Child's Age

Date of Birth

School Grade Completed (2024)

Parent(s) Name

Street Address

City

Province

Postal Code

Phone 1

Phone 2

Email

Home Church (if applicable)

Allergies, medical conditions, or special needs _____



In case of emergency, contact _____

Phone _____

Relationship to Child _____