

# Shine Jesus' Light VBS registration form



Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade Completed: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Name and Phone Number: \_\_\_\_\_

Special Needs/Allergies: \_\_\_\_\_

Is there a special friend your child would like to be with? \_\_\_\_\_

Who will be picking up your child from VBS? \_\_\_\_\_



For Church Use:  
Crew Name/Group: \_\_\_\_\_ Registration fee paid: \_\_\_\_\_

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