



# VBS 2017 Enrollment Form

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## June 5th-9th

8:45 AM - NOON  
FOR COMPLETED K - 6TH GRADE

## Individual Information

Child's Name \_\_\_\_\_ M/F

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

Address \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Birthday \_\_\_\_\_ Last grade completed \_\_\_\_\_

Medical or other information we need to know:  
(Please include any food allergies)

\_\_\_\_\_  
\_\_\_\_\_

## Emergency Contact

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

## Dismissal Information

Who may pick up your child at the end of each VBS day?

\_\_\_\_\_

## Other Information

Do you attend Sunday School? If so, where? \_\_\_\_\_

Who invited you to VBS? \_\_\_\_\_