

**PRESBYTERIAN UNITED CHURCH OF CHRIST
2017 VBS REGISTRATION FORM**

CHILDREN'S NAMES:

Name: _____
Date of Birth: _____ Age: _____ Grade: _____
Any known allergies: _____

Name: _____
Date of Birth: _____ Age: _____ Grade: _____
Any known allergies: _____

Name: _____
Date of Birth: _____ Age: _____ Grade: _____
Any known allergies: _____

Name of Parent/Guardian: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____

Secondary Phone: _____

Parent/Guardian's Email Address: _____

Release for permission to use child's photo for print or online publication:

Emergency Contact: (other than Parent/Guardian)

Name: _____

Address: _____

Phone: _____