

TRANSFORMERS VBS 2017

CHILD'S NAME: _____

PARENT/GUARDIAN NAME: _____

ADDRESS:

EMAIL ADDRESS:

PHONE NUMBERS: HOME: _____ CELL: _____

CHILD'S AGE INFORMATION:

DATE OF BIRTH: ____/____/____ AGE: _____

LAST SCHOOL GRADE COMPLETED: _____

ALLERGIES/MEDICAL INFORMATION/OTHER: _____

EMERGENCY CONTACTS:

NAME: _____ PHONE #: _____

NAME: _____ PHONE #: _____

DISMISSAL INFORMATION:

NAME OF PERSONS WHO MAY PICK MY CHILD UP FROM VBS:

IS THIS YOUR FIRST TIME VISITING US? Y N DO YOU HAVE A HOME CHURCH? Y N

NAME OF HOME CHURCH: _____

OTHER INFORMATION (CHURCH USE ONLY):

TEAM GROUP: _____

PARENTS HELPING WITH VBS? Y N IF YES, WHERE? _____