



RENEW REGISTRATION FORM

Kid's name: _____

Parent/Guardian name: _____

Address: _____

Home phone: _____ Cell phone: _____

Home email address: _____

Kid's age: _____ Last school grade completed: _____

Home congregation (if any): _____

In case of emergency (if parent/guardian cannot be reached) please contact:

Name: _____

Telephone: _____ Relationship to kid: _____

Please list any allergies (including food allergies) the VBS staff should be aware of:

Person who will pick kid up at the end of each VBS day:

Name: _____

Phone number: _____

Parent/Guardian signature: _____