



REGISTRATION FORM

brewer (848-226-1196) or heaven4shore@gmail.com

(Please Print)

Child's Name _____

Child's Age _____ Child's Birth Date _____ Child's Grade _____

Parent/Guardian Name(s) _____

Home Phone _____ Work Phone _____ Mobile _____

Email _____ Preferred Contact Method _____

T-Shirt Size: **Child:** Small Medium Large **Adult:** Small Medium Large XLarge

EMERGENCY INFORMATION

Emergency Contact 1 _____ Phone _____

Emergency Contact 2 _____ Phone _____

Doctor _____ Phone _____

Allergies or Special Needs _____

DISMISSAL

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

Name _____ Relationship _____

Name _____ Relationship _____

Parent/Guardian Signature _____ Date _____

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