

Central Baptist VBS 2018



Place in Basket provided

Basket locations: gym, sanctuary narthex,
table in front of office window

Registration Form

One per family:

Parent(s) Mom: _____ Dad: _____

Street Address _____

City _____ ZIP _____

Home phone _____

Mom Cell _____ Dad Cell _____

Home church _____

List all children participating in VBS:

Name _____ age _____ grade completed _____

Allergies/other medical conditions: _____

GROUP(church use only) _____

Name _____ age _____ grade completed _____

Allergies/other medical conditions: _____

GROUP(church use only) _____

Name _____ age _____ grade completed _____

Allergies/other medical conditions: _____

GROUP(church use only) _____

Name _____ age _____ grade completed _____

Allergies/other medical conditions: _____

GROUP(church use only) _____

In case of emergency, contact: Name _____

Relationship _____ phone number _____

Name of special friend your child(ren) may like to be with:

Church Use: Will parent(s) be working in VBS? _____ if yes, where: _____