Registration Form

Student's Name _____

Parent/Family/Guardian Name _____

Address_____

_____

E-mail Address _____

Phone Numbers Home _____ **Cell** _____ **Work**_____

Age Information

Date of birth _____ **Age** _____

Last school grade completed _____

Home Church _____

Allergies/Medical Information/Other

_____

_____

Emergency Contacts

Name _____ **Phone** _____

Name _____ **Phone** _____

Dismissal Information:
Name(s) of person(s) who may pick up this child from VBS

_____

Other Information (church use only)

Surfer Group _____

Are parents/guardians/family members helping with *Surf Shack* VBS? _____

If yes, where? _____