



**June 26-29, 2017**  
**9am-12:00noon**

## **VBS Registration Form**

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Last Name: \_\_\_\_\_ Mom/Dad's Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone numbers: Home \_\_\_\_\_

Cell: \_\_\_\_\_

Cell: \_\_\_\_\_

Emergency Contact Number(s)

\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Church Attend \_\_\_\_\_

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade Entering Fall 2017 \_\_\_\_\_

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade Entering Fall 2017 \_\_\_\_\_

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade Entering Fall 2017 \_\_\_\_\_

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Do any of your children have any food allergies? Yes/No

If Yes what \_\_\_\_\_

List any conditions that would prevent your child from fully participating in the activities:

\_\_\_\_\_

After filling out the form, please print it and either scan and e-mail it to  
[info@firstpresbiloxi.org](mailto:info@firstpresbiloxi.org) or bring it to the church office.