

American Reformed Church

VBS Registration Form - **one per child**

Age 3 (born before Sept. 1, 2014) to Grade 5

June 11-15, 2018 8:30am-12:00Noon



Child's Name: _____

Grade Completed: _____ Child's Age: _____ Date of Birth: _____

If Pre-K will they be attending Kindergarten this fall? **Yes** or **No**
(Circle one)

Name of parent(s): _____

Street Address: _____

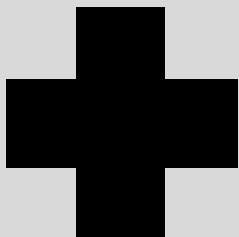
City: _____ State: _____ Zip: _____

Cell phone: _____

Frequently checked email address: _____

Home church: _____

My child will be picked up by (person/relationship): _____



Allergies or other medical conditions: _____

In case of an emergency, contact: _____

Phone: _____

Emergency contact relationship to child: _____