

American Reformed Church

VBS Registration Form - one per child

Age 3 (born before Sept. 1, 2015) to Grade 5

June 10-14, 2019 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: _____

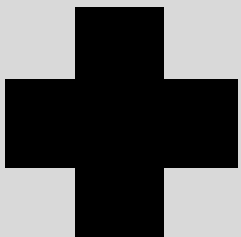
City: _____ State: _____ Zip: _____

Cell phone: _____

Frequently checked email address: _____

Home church: _____

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



Allergies or other medical conditions: _____

If there is an emergency and parents are not able to be reached, who should we contact: _____

Phone: _____

Emergency contact relationship to child: _____