



Vacation Bible School Registration

American Reformed Church

June 8-12, 2020

8:30 AM-12:00 PM

Age 3 (born before Sept 1, 2016) - Grade 5

(Please complete one form per family)

Parent/Legal Guardian's Contact Information

Parent/Guardian's Name(s): _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Alternate Phone: _____

Email: _____

Home Church: _____

Check if you **DO NOT** authorize use of photos/videos of the child(ren) listed below for lawful purposes associated with this VBS program.

My child may be picked up by (name(s)/relationship): _____

Emergency Contact Information

Name: _____ Relationship to Child(ren): _____
(list someone other than parent/guardian)

Primary Phone: _____ Alternate Phone: _____

Child 1

Name: _____ *If preschool, will they attend*
Age: _____ Date of Birth: _____ Grade Completed: _____ *Kindergarten this fall?* Yes No

Allergies and/or Medical Conditions: _____

Child 2

Name: _____ *If preschool, will they attend*
Age: _____ Date of Birth: _____ Grade Completed: _____ *Kindergarten this fall?* Yes No

Allergies and/or Medical Conditions: _____

Child 3

Name: _____ *If preschool, will they attend*
Age: _____ Date of Birth: _____ Grade Completed: _____ *Kindergarten this fall?* Yes No

Allergies and/or Medical Conditions: _____

Child 4

Name: _____ *If preschool, will they attend*
Age: _____ Date of Birth: _____ Grade Completed: _____ *Kindergarten this fall?* Yes No

Allergies and/or Medical Conditions: _____



Would you like to join us for lunch? Each day after VBS, free lunch is available for you and your child in the Fellowship Hall. Enjoy a meal and spend a few minutes talking with your child about what they're learning. Please let us know how many lunches to have ready for your family:

Adults: _____ Children: _____