## VBS Registration Form

June 17-21, 2019 8:45am to Noon New Covenant Baptist Church 3196 F Road, Grand Junction 970-434-7240



Parent/Guardia	n Name	
Address	City	Zip
Mailing Address	s (if different)	
E-mail		
Phone Numbers	s (where we may reach you if needed)	
Home	Work	
Cell		
Child's Age Info	ormation	
Birth date	Last grade completed in school	ol
include any food	ation: Medical or other information we ne allergies.)	eed to know. (Piea
include any food	allergies.)	
Emergency Cor	allergies.)  ntact (if other than above)	
Emergency Con	allergies.)  ntact (if other than above)  Phone number	
Emergency Cor Name  Dismissal Inform	allergies.)  ntact (if other than above)  Phone number	
Emergency Con Name  Dismissal Inform	allergies.)  htact (if other than above)  Phone number  mation  your child at the end of each VBS day?	
Emergency Cor Name Dismissal Inform Who may pick up Other Information	allergies.)  htact (if other than above)  Phone number  mation  your child at the end of each VBS day?	

May we have permission to use your child's photograph for the purpose of

promotion? Yes □ No □