



## VBC Registration Form

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

Parent/Family/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone Numbers : Home/Cell \_\_\_\_\_ Work \_\_\_\_\_

Age Information: Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Last grade completed \_\_\_\_\_

Special Needs/Allergies/Medical Information/Other: \_\_\_\_\_  
\_\_\_\_\_

### Emergency Contact

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

### Dismissal Information:

Name(s) of person(s) who may pick up this child from VBC  
\_\_\_\_\_  
\_\_\_\_\_

### Other Information (church use only)

Rafter Group \_\_\_\_\_

Is there a family member helping at VBC? \_\_\_\_\_ If yes, where \_\_\_\_\_