



Crew # _____ Group _____ Crew Leader _____

Attendance: M T W Th F

“Maker” (ages 6 and older) Registration Form (one per child)

Child's name: _____

Age: _____ Date of birth: _____ Last school grade completed: _____

Mother: _____

Father: _____

Guardian/Other: _____

Street address: _____

City: _____ State: _____ Zip: _____

Home phone: (_____) _____

Parent/Caregiver's cell phone: (_____) _____

Home email address: _____

Who has permission to pick up your child: _____

Restraining orders or other concerns regarding pick up? No Yes

(use back of form to provide details as needed and be sure to point out needs to helpers)

In case of emergency, contact:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Allergies (including food) or other medical conditions: _____

How did you hear about our VBS? _____

Home church: _____

Special friend your child might like to be with? _____

Notes: _____