

SEVENTH-DAY ADVENTIST CHURCH

V.B.S. REGISTRATION CARD

PLEASE FILL OUT ONE PAGE FOR EACH CHILD.

Child's Name: _____

DOB: _____ Date Enrolled: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell: _____

Parent/Guardian: _____

Do they attend this church: Yes No?

Person/s authorized to pick up Child/Children:

Signature: _____

Please Print Name: _____

Emergency Contact Person: _____

Emergency Contact Number: _____

Special information about the Child: _____

Food Allergies (we provide a snack): _____