



Child VBS Enrollment Form
(Please complete one for each child attending.)

Contact Information:

Child's Name: _____

Parent/Guardian Name: _____

Address: _____

Home #: _____ Work #: _____ Cell #: _____

E-mail: _____

Grade/Age Information:

Grade entering next school year: _____

Birth date (for preschoolers): _____

Medical Information:

Please list any medical information that we need to know in case of an emergency.
Please include all allergies and any special instructions.

Emergency Contacts:

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Dismissal Information:

Who may pick up your child at the end of each VBS day?

Other Information:

Will you be joining us for dinner? _____ What days? _____

Please indicate how many per age: _____ 0-3 _____ 4-10 _____ 11-18 _____ Adult

Do you have a home church? If so, where? _____

T-shirt size _____

How did you hear about us? (please circle one or more) Post Card Banner

Friend On-line SunTrust Sign Peace's Website Other _____