



VBS Registration Form

**Household Information**

PLEASE PRINT CLEARLY

\_\_\_\_\_  
Mother/Guardian Name (First, Last)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Father/Guardian Name (First, Last)

\_\_\_\_\_  
Date of Birth

In case of emergency, contact: \_\_\_\_\_

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Apt #

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Mobile Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

**Yes**  
**I would like to volunteer during VBS. Please give me more information on the positions available.**

\_\_\_\_\_  
I give permission for my child to participate in classes and activities Champion Life Centre children's Ministry. I authorize the volunteers and staff to administer emergency medical first aid treatment, or to call for emergency medical response as needed.

\_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
Date

**\$20 per child** (# of children \_\_\_\_\_) Total \$ \_\_\_\_\_  
Payment Type: Cash \_\_\_\_\_ Check# \_\_\_\_\_ Credit card (attach giving envelop)



**Child # 1:**     **Boy**         **Girl**

Last Name \_\_\_\_\_



First name \_\_\_\_\_ Goes By: \_\_\_\_\_

Date of Birth (mo/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_

Does your child have any special needs or medical conditions that we should be aware of? \_\_\_\_\_

Allergies  None  Yes \_\_\_\_\_



**Child # 2:**     **Boy**         **Girl**

Last Name \_\_\_\_\_

First name \_\_\_\_\_ Goes By: \_\_\_\_\_

Date of Birth (mo/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_

Does your child have any special needs or medical conditions that we should be aware of? \_\_\_\_\_

Allergies  None  Yes \_\_\_\_\_



**Child # 3:**     **Boy**         **Girl**

Last Name \_\_\_\_\_

First name \_\_\_\_\_ Goes By: \_\_\_\_\_

Date of Birth (mo/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_

Does your child have any special needs or medical conditions that we should be aware of? \_\_\_\_\_

Allergies  None  Yes \_\_\_\_\_



**Child # 4:**     **Boy**         **Girl**

Last Name \_\_\_\_\_

First name \_\_\_\_\_ Goes By: \_\_\_\_\_

Date of Birth (mo/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_

Does your child have any special needs or medical conditions that we should be aware of? \_\_\_\_\_

Allergies  None  Yes \_\_\_\_\_



**Select child's T-shirt Size**

\_\_\_ XS (2-4)

\_\_\_ S (6-8)

\_\_\_ M (10-12)

\_\_\_ L (14-16)

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\_\_\_ XS (2-4)

\_\_\_ S (6-8)

\_\_\_ M (10-12)

\_\_\_ L (14-16)

**Select child's T-shirt Size**

\_\_\_ XS (2-4)

\_\_\_ S (6-8)

\_\_\_ M (10-12)

\_\_\_ L (14-16)

**Select child's T-shirt Size**

\_\_\_ XS (2-4)

\_\_\_ S (6-8)

\_\_\_ M (10-12)

\_\_\_ L (14-16)