

Sign Me Up!

Club VBS®: Route 254™

Please print the following information.

Child's Name _____

Parent's Name(s) _____

Mailing Address _____

Street Address (if different) _____

Home Phone Number _____ Cell Phone Number _____

Birth Date _____ E-mail Address _____

Last grade completed in school (for school-age children) _____

Do you go to Sunday School? _____

If so, where? _____

Allergies, medical conditions, or other information Club VBS staff needs to know:

In the event of an emergency, contact:

Name _____ Phone Number _____

Name _____ Phone Number _____

Who may receive this child at the end of each Club VBS day?

