

VBS June 1-5 Registration

PLEASE COMPLETE FORM

| Child's Name | | | | | |
|-------------------------------------|----------------------|--|--|--|--|
| Parent/Guardian Name | | | | | |
| Address | | | | | |
| Email | | | | | |
| Phone Numbers | | | | | |
| Child's Date of Birth | | | | | |
| AGELA | LAST GRADE COMPLETED | | | | |
| Home Church | | | | | |
| Allergies/Medical Information/Other | | | | | |
| | | | | | |
| Emergency Contacts | | | | | |
| Name | Phone | | | | |
| Name | Phone | | | | |

Please hang pickup tag (given at registration desk) on your rear view mirror to pick up your child/children. You will be directed to drive around to the back of the church for pickup from security staff at 8:00 pm. Thank you for bringing your child to experience VBS Magnified with us here at East Heights Baptist Church!