



Rev. Dr. Jerome A. Barber, Senior Pastor

**VBS
2011**

STUDENT REGISTRATION FORM

NAME _____

ADDRESS _____

CITY _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____

EMAIL _____

HOME CHURCH _____

PARENT/GUARDIAN NAME _____

PARENTS WORK NUMBER _____

IN CASE OF EMERGENCY, CONTACT _____

ALLERGIES OR OTHER MEDICAL CONDITIONS: _____

FAMILY DOCTOR _____

AGE _____ LAST GRADE COMPLETED _____

SIBLINGS ATTENDING _____

PERSON WHO WILL DROP OFF _____

PERSON WHO WILL PICK UP _____

CIRCLE THE DAYS CHILD WILL ATTEND: 1 2 3 4 5

