

INDEPENDENT BIBLE CHURCH VBS 2010 Registration Form

Use this form to register your children for our VBS Ministry this year.
Pre-School through 6th grade



Parents or Guardian	Father's Name:	<input type="text"/>
	Mother's Name:	<input type="text"/>
Address	Street Address:	<input type="text"/>
	City:	<input type="text"/>
	State:	<input type="text"/>
	Zip:	<input type="text"/>
Communication:	Home Telephone:	<input type="text"/>
	Father's Cell Phone:	<input type="text"/>
	Mother's Cell Phone:	<input type="text"/>
	Email Address:	<input type="text"/>
	Emergency Contact:	<input type="text"/>
	Emergency Contact Tel:	<input type="text"/>
	Home Church:	<input type="text"/>
	Who brings you to VBS?:	<input type="text"/>

List Children Here

Child's Name	Grade Completed	Birthdate	Age	Allergies	Shirt Size
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____

Please list anything else here that we should be aware of: