



EPC VBS REGISTRATION FORM

CHILD'S NAME: _____

ADDRESS: _____

PARENT/CAREGIVER'S CONTACT PHONE: _____

EMAIL ADDRESS: _____

CHILD'S AGE: _____ SCHOOL GRADE IN AUGUST: _____

FRIEND THEY WOULD LIKE TO BE IN A GROUP WITH (WE'LL DO OUR
BEST): _____

HOME CHURCH: _____

ALLERGIES OR OTHER MEDICAL CONDITIONS:

IN CASE OF EMERGENCY, CONTACT: _____

PHONE: _____

RELATIONSHIP TO CHILD: _____