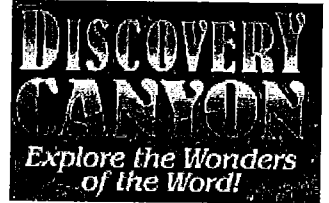


VBS Registration – 2009
Grades 1-5 June 22-25
9:00 am – 3:30 pm



The grade I just completed:

- 1st 2nd 3rd 4th 5th

Name: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Daytime Phone: _____

Birth Date: _____ Age: _____

Parent/Guardian Name: _____

Daytime email address: _____

Registration Fee: \$45

Cash Check #: _____

I need child care during the following times: (\$5.00 per day)

8:00 – 9:00 am 3:30 – 4:30 pm.

Please note any allergies or other medical conditions below:

Please return this form the Church Office by June 14th.