



Shiloh United Church of Christ VBS  
July 20th - July 23rd 6:00pm - 8:00pm

# Registration Form

(One Per Child)

Child's name: \_\_\_\_\_ Child's gender: \_\_\_\_\_

Child's age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Last school grade completed: \_\_\_\_\_

Name of parent(s): \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Parent/caregiver's cellphone: ( \_\_\_\_\_ ) \_\_\_\_\_

Home email address: \_\_\_\_\_

Home church: \_\_\_\_\_

Allergies, medical conditions, or special needs: \_\_\_\_\_



In case of emergency, contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Crew number or name (for church use only): \_\_\_\_\_