



FIRST EVANGELICAL  
FREE CHURCH

## VBS REGISTRATION

### JULY 27-30, 2009

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Emergency Phone (during VBS) \_\_\_\_\_

Home Church \_\_\_\_\_

1<sup>st</sup> Child: Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade Next Fall \_\_\_\_ Male/Female

2<sup>nd</sup> Child: Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade Next Fall \_\_\_\_ Male/Female

3<sup>rd</sup> Child: Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade Next Fall \_\_\_\_ Male/Female

4<sup>th</sup> Child: Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade Next Fall \_\_\_\_ Male/Female

Please indicate any known allergies or any special needs we should be made aware of.

---

---