

# 2011-2012 REGISTRATION

## GRAPPLE (grades 4 – 5)



Last Name \_\_\_\_\_ Mother/Female Guardian  
\_\_\_\_\_

Father/Male Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Church Relationship (circle one): VBCC Regular Attender / Other Church

Family Email

**As a parent, I am interested in having more information on getting involved in the following ways:**

- Substitute
- Provide snack
- Chaperone trip
- Behind the Scenes Ministry
- Parent phone tree

1.	Child's Name _____	Birthdate _____	Grade _____	Gender _____	Age _____	<i>Allergies/Medical Concerns</i> _____
2.	Child's Name _____	Birthdate _____	Grade _____	Gender _____	Age _____	<i>Allergies/Medical Concerns</i> _____
3.	Child's Name _____	Birthdate _____	Grade _____	Gender _____	Age _____	<i>Allergies/Medical Concerns</i> _____
4.	Child's Name _____	Birthdate _____	Grade _____	Gender _____	Age _____	<i>Allergies/Medical Concerns</i> _____
5.	Child's Name _____	Birthdate _____	Grade _____	Gender _____	Age _____	<i>Allergies/Medical Concerns</i> _____

**Please return this completed form to: Valley Brook Community Church, PO Box 567, Granby, CT 06035**