

# 2012-2013 REGISTRATION

## " KIDS ALIVE" (Grades 3 – 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 \_\_\_\_\_

Allergies/Medical Concerns \_\_\_\_\_

2. Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

Allergies/Medical Concerns \_\_\_\_\_

3. Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

Allergies/Medical Concerns \_\_\_\_\_

4. Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

Allergies/Medical Concerns \_\_\_\_\_

5. Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

Allergies/Medical Concerns \_\_\_\_\_

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

