



Last Name _____ Mother/Female Guardian _____ Father/Male Guardian _____

Home Phone _____ Parent's Cell Phone _____

Address _____ Town _____ Zip _____

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

Registering For (circle all that apply): Sunday School Youth Group Small Groups

Best way to reach student: E-mail? Facebook? Cell Phone? _____

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

- Sunday Teacher
- Sunday Substitute
- Administrative Volunteer
- Youth Group Volunteer
- Event Chaperone
- Small Group Teacher
- Provide Food for Youth Group
- Student Ministry leadership and planning team

1. Student's Name _____ Birth date _____ Grade _____ Gender _____ Age _____

School _____ Cell Phone#: _____ Email: _____

Allergies/Medical Concerns _____

2. Student's Name _____ Birth date _____ Grade _____ Gender _____ Age _____

School _____ Cell Phone#: _____ Email: _____

Allergies/Medical Concerns _____

3. Student's Name _____ Birth date _____ Grade _____ Gender _____ Age _____

School _____ Cell Phone#: _____ Email: _____

**Please return this completed form to: Valley Brook Community Church, PO Box 567, Granby, CT 06035
Or return by Sept. 6th to the Student Ministry box in the church lobby.**