



VBS 2010 (July 12-16) Family Registration Form

Last Name _____ Mother _____ Father _____

Street Address _____ City _____ State _____ Zip _____

Home Tel (____) _____ Mother's Phone _____ Father's Phone _____
 During VBS: (____) _____ During VBS: (____) _____

Emergency Contact (Name & Telephone) _____

Other Notes _____

Home church: _____

\$10.00 suggested donation per child

(1) Child's Name	DOB	Last Grade Completed	Friend to be With
Allergies / Medical Concerns			Office Use Only

(2) Child's Name	DOB	Last Grade Completed	Friend to be With
Allergies / Medical Concerns			Office Use Only

(3) Child's Name	DOB	Last Grade Completed	Friend to be With
Allergies / Medical Concerns			Office Use Only

PARENTS, PLEASE READ AND SIGN: I do/do not give VBCC permission to use my child's photo in newspapers, bulletin boards, brochures and/or other church publications.

PARENT SIGNATURE: _____



PO Box 567
Granby, CT 06035

Contact Persons:

Diane Heermance or Joyce Kerr
(860) 844-0001 (860) 651-3817