



## 2016-2017 Registration (Open to kids in 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* \_\_\_\_\_