



2017-2018 Registration — Sunday Morning Classes

Last Name _____ Mother/Female Guardian _____

Father/Male Guardian _____ Home Phone _____

Address _____ Town _____ Zip _____

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

Family Email _____ Discipline Concerns _____

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

- Sunday Teacher
- Sunday Substitute
- Sunday Nursery
- Behind the Scenes Ministry
- Helper in my child's class
- Office Volunteer

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 completed registration form to: Valley Brook, P.O. Box 68, North Granby, CT 06060
Or return to the Children's Ministry table in the children's welcome lobby of the children's wing.**