

**St. Stephen's Episcopal Church
2019 VBS Registration Form**

Child's Name _____

Parent/Guardian Name _____

Address _____

Email Address _____

Phone Numbers Home _____ Cell _____

Age Information

Date of Birth _____

School grade as of August, 2019 _____

Allergies/Medical Information/Other _____

Emergency Contacts

Name _____ Phone _____

Name _____ Phone _____

Dismissal Information

Who may pick up this child from VBS? _____

Other Information (church use only)

Class/Teacher _____

Are parents/grandparents helping with VBS? _____

If yes, how? _____

Signature of Parent/Guardian _____

Date _____