



VBS REGISTRATION FORM

(One name per form, please)

AUGUST 5 - 8 -- 9:00 a.m. - 12:00 noon

Child's Name _____

Child's Age: _____ Last school grade completed: _____

Birthdate: _____

Name of parent(s): _____


Mailing address: _____

City: _____ State: _____ Zip: _____

Home telephone (____) _____

Parent / caregiver's other contact number: _____

E-mail address: _____

	Allergies or other medical conditions including food allergies _____
	In case of emergency contact Phone: _____
	Relationship to child: _____

FOR CHURCH USE ONLY:

Crew number or name: _____

Crew leader: _____

Please return completed form to
Groveland EFC, 19172 Ferretti Rd. Groveland, CA 95321

