

Registration Form

June 2 – 6 / 8:30 AM—Noon

PreK4-4th Grade / VBX - 5th & 6th Grade

PreK4 must be entering Kindergarten Fall 2025

Parent/Guardian Name: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact (Other than listed above) _____

Phone: _____

Who may pick up your child at the end of VBS each day? (Must be 7th grade or older)

(1) _____ (2) _____

May we have permission to photograph your child? Yes No

May we have permission to use your child's photograph for the purpose of promotion? Yes No

Child's Name: _____ DOB _____

Grade Completed as of May 2025: _____ Entering Kindergarten Fall Yes No

Allergies or Concerns: Yes No List: _____

Child's Name: _____ DOB _____

Grade Completed as of May 2025: _____ Entering Kindergarten Fall Yes No

Allergies or Concerns: Yes No List: _____

Child's Name: _____ DOB _____

Grade Completed as of May 2025: _____ Entering Kindergarten Fall Yes No

Allergies or Concerns: Yes No List: _____

Child's Name: _____ DOB _____

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