



Great Bible Reef Registration Form



Child's Name: _____

Parent/Guardian Name: _____

Address: _____

Home telephone: _____ Cell phone: _____

Home e-mail address: _____

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

Home congregation (if any): _____

In case of emergency (when the parent/guardian cannot be reached) please contact:

Name: _____

Telephone: _____

Relationship to child: _____

Please list any allergies (including food allergies) the VBS staff should be aware of:

Person responsible for picking up this child at the end of each VBS day:

Name: _____

Telephone number: _____

Signature of parent/guardian: _____