

# VBS Registration Form

## Lifepointe Church

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

DOB: \_\_\_\_\_ Grade in School last year: \_\_\_\_\_ M / F

T- Shirt size: \_\_\_\_\_

Email address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Helpful Information: \_\_\_\_\_

Allergies (E.G.medical/foods) \_\_\_\_\_

\_\_\_\_\_



