

Registration Form

Student's Name		
Parent/Family/Guardian Name		
Address		
E-mail Address		
Phone Numbers Home	Cell	Work
	Age	
Home Church		
Allergies/Medical Information/Other		
Emergency Contacts Name		
Name	Phone	
Dismissal Information: Name(s) of person(s) who may pick up the	nis child from VBS	
Other Information (church use only)		
Surfer Group		
Are parents/guardians/family members h	nelping with Surf Shack VBS?	
If ves. where?		