



VBS Registration Form

Student's Name _____

Parent/Family/Guardian Name _____

Address _____

E-mail Address _____

Phone Numbers Home _____ Cell _____ Work _____

Age Information

Date of birth _____ Age _____

Last school grade completed _____

Home Church _____

Friends of your child at this church _____

Special Needs/Allergies/Medical Information/Other: _____

Emergency Contacts

Name _____ Phone _____

Name _____ Phone _____

Dismissal Information:

Name(s) of person(s) who may pick up this child from VBS

Other Information (church use only)

Rafter Group _____

Are parents/guardians/family members helping with Rolling River Rampage? _____

If yes, where? _____

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Rolling River Rampage Leader Resources

*Please return completed form to Calhoun First UMC.