

**Nursery Registration
(Infant-2 yrs.)
VBS 2011**

Child's Name _____

Birth date: _____ **Age:** _____

Parents/Guardian:

Address:

Day Phone: _____

Evening Phone: _____

Email: _____

Location of Parent During VBS:

Medical or Other Information (Please include any allergies):

Summer Suppers: No charge for children under the age of 3
Please mark each night your child will be here for dinner

___ **Sunday** ___ **Monday** ___ **Tuesday** ___ **Wednesday** ___ **Thursday**

**Nursery Registration
(Infant-2 yrs.)
VBS 2011**

Child's Name _____

Birth date: _____ **Age:** _____

Parents/Guardian:

Address:

Day Phone: _____

Evening Phone: _____

Email: _____

Location of Parent During VBS:

Medical or Other Information (Please include any allergies):

Summer Suppers: No charge for children under the age of 3
Please mark each night your child will be here for dinner

___ **Sunday** ___ **Monday** ___ **Tuesday** ___ **Wednesday** ___ **Thursday**

**VBS 2004 Registration
(Preschool-11th Grade)**

Child's Name: _____

Birth date: _____ **Age:** _____

Grade Completed: _____

Parents/Guardian:

Address:

Day Phone: _____

Evening Phone: _____

Location of Parent During VBS:

Medical or Other Information (Please include any allergies):

Summer Suppers: Cost \$1.50 per person, per night

Please mark each night your child/youth will be here for dinner

___ **Sunday** ___ **Monday** ___ **Tuesday** ___ **Wednesday**
 ___ **Thursday**

**VBS 2004 Registration
(Preschool-11th Grade)**

Child's Name: _____

Birth date: _____ **Age:** _____

Grade Completed: _____

Parents/Guardian:

Address:

Day Phone: _____

Evening Phone: _____

Location of Parent During VBS:

Medical or Other Information (Please include any allergies):

Summer Suppers: Cost \$1.50 per person, per night

Please mark each night your child/youth will be here for dinner

___ **Sunday** ___ **Monday** ___ **Tuesday** ___ **Wednesday**
 ___ **Thursday**