

**2017 VBS REGISTRATION FORM  
JUNE 25-29, 2017  
ENON BAPTIST CHURCH**

**Name:** \_\_\_\_\_  
**Gender:** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
**Age:** \_\_\_\_\_  
**School Grade Completed**  
**as of September 1<sup>st</sup>:** \_\_\_\_\_  
**Parent's Name:** \_\_\_\_\_  
**Home Phone Number:** \_\_\_\_\_  
**Cell Phone Number (optional):** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Church You Attend:** \_\_\_\_\_  
**Emergency Contact:** \_\_\_\_\_  
**Emergency Contact**  
**Phone Number:** \_\_\_\_\_

**Special Concerns or instructions or allergies:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list anyone that will be dropping off or picking up your child each evening:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**By submitting this form, you consent to your child being photographed during VBS. If you have questions or concerns, please contact the VBS staff.**