

HERO CENTRAL VACATION BIBLE SCHOOL 2017

REGISTRATION FORM

*Please return completed registrations to:
V.B.S. Department/Trinity Assembly of God*



Name of Child: _____

Date of Birth: _____ Grade Completed: _____ Age: _____

Siblings attending? Please list names, ages & grades below to register them.

Child 2: _____

Date of Birth: _____ Grade Completed: _____ Age: _____

Child 3: _____

Date of Birth: _____ Grade Completed: _____ Age: _____

Child 4: _____

Date of Birth: _____ Grade Completed: _____ Age: _____

Parent(s)/Guardian(s): _____

Street Address: _____ City: _____

State: _____ Zip: _____

Phone 1: _____ Phone 2: _____

Do you accept text messages? Yes No

Email Address: _____

Emergency Contact Name & Number (*in the event you cannot be reached*):

Special Needs/Allergies/Other Concerns? _____

Is there a friend that you would like your child placed with? _____

Photo Release:

I agree that the church may feature my child in broadcast, print media, on the church website, and publications or programs. Yes No

Parent Signature: _____ **Date:** _____