



Registration Form
Vacation Bible School
Union Cross
Baptist Church
(One Per Family)

Names(s) and age(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (____) _____ Cell phone: (____) _____

Home email address: _____

Total number of family members (children) participating in VBS: _____

Will parents be helping in other areas of VBS? Y N Where? _____

In case of emergency, contact: _____

Allergies or other medical conditions: _____

Home church: _____

Name of a special friend your child might like to be with: _____

Group name (for church use only): _____