

Registration Form

****MUST HAVE COMPLETED 3-YEAR OLD PROGRAM.****

****PLEASE COMPLETE ONE FORM PER CHILD.****

****PLEASE PRINT CLEARLY.****

You can download extra copies at www.firstpresgwsc.org.

Child's Name _____

Parent/Guardian _____

Address _____

E-mail Address _____

Phone Numbers Home _____ Cell _____ Work _____

Date of Birth _____ Age _____

Last school grade completed _____

Home Church _____

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 each day

Other Information (Church use Only)

Chef Group _____

Are parents helping with Shake It Up Cafe'
Where Kids Carry Out God's Recipe _____

If yes, where? _____

****Nursery available for full-time volunteers only.
Please complete registration form for nursery children.**

