



ILLUMINATION STATION VBS

Registration Form

Child: _____ Age/Grade: _____

Child's Shirt Size: _____

Parent's Name: _____

Address: _____

Phone: _____

Email: _____

Emergency Contact/Medical:

In case of Emergency, contact: _____

(Name & Phone Number)

Allergies or other medical conditions: _____

Home Church: _____

*Who will be picking up the child?

Name: _____

Relationship: _____

Phone: _____