



2018 VBS Registration Form

Student's Name(s): _____ Age/grade: _____
_____ Age/grade: _____
_____ Age/grade: _____

Parent/Family/Guardian Name _____

Address _____

E-mail Address _____

Phone Numbers: Home _____ Cell _____ Work _____

Home Church _____

Request to be with: _____

Special Needs/Allergies/Medical Information for child(ren): _____

Emergency Contacts

Name _____ Phone _____

Name _____ Phone _____

Parent / Guardian signature: _____

By signing this form, I also give permission for PLBC to use any photos taken of my child(ren) on their promotional materials and online media.