



Registration Form

(One Per Child)

Child's Name:

Child's gender:

Child's age:

Date of Birth:

Last school grade completed:

Name of parent(s):

Street Address:

City:

State:

Zip:

Home telephone: ()

Parent/caregiver's cell phone: ()

Home email address:

I allow my child's image to be recorded for use of Spotlight VBS

Crew number or name (for church use only):

Allergies or other medical conditions



In case of emergency, contact:

Phone:

Relationship to child: