



HERO CENTRAL; DISCOVER YOUR STRENGTH IN GOD!

VBS Registration Form

Child's Name: _____

Parent/Family/Guardian Name: _____

Address: _____

Email Address: _____

Phone Numbers/Home: _____ Cell: _____

Date of Birth: _____ Age: _____

Last school grade completed: _____

Home Church: _____

Allergies/Medical Information/Other: _____

Emergency Contacts:

Name/Relationship: _____ Phone: _____

Name/Relationship: _____ Phone: _____

Dismissal Information; Name(s) of person(s) who may pick up this child from VBS:

For church use only:

Hero Group: _____