



**REGISTRATION FORM**  
**VBS JUNE 18 - 22**  
**6:15 - 8:30 P.M.**  
**FIRST PRESBYTERIAN CHURCH**  
**WINTER HAVEN**  
(one form per child)

Child's name: \_\_\_\_\_ Male Female

Child's age: \_\_\_\_\_ Last school grade completed: \_\_\_\_\_

Name of parent (s): \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Home

Home e-mail: \_\_\_\_\_

Home church: \_\_\_\_\_

*If First Presbyterian is not your home church, how did you hear about VBS?* \_\_\_\_\_



Allergies or other medical conditions (on back if needed): \_\_\_\_\_

In case of emergency, contact:

\_\_\_\_\_ cell: \_\_\_\_\_

\_\_\_\_\_ cell: \_\_\_\_\_

(church use only)

Crew number or name: \_\_\_\_\_