



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 _____

Can we contact you: _____

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 Hope Community Chapel to use any photos taken of my child(ren) on their promotional materials and online media.

Permission to photocopy this page for use with Hope Community Chapel is granted for local church use.

