



## **Dixie Baptist Church VBS Registration Form (One per Family)**

**Name(s):** \_\_\_\_\_ **Age(s):** \_\_\_\_\_

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**Name(s):** \_\_\_\_\_ **Age(s):** \_\_\_\_\_

**Name(s):** \_\_\_\_\_ **Age(s):** \_\_\_\_\_

**Name(s):** \_\_\_\_\_ **Age(s):** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Parent E-mail:** \_\_\_\_\_

**In Case of Emergency Contact:** \_\_\_\_\_

**Allergies or Other Medical Conditions:** \_\_\_\_\_

**Home Church:** \_\_\_\_\_