



Hero Central VBS Registration Form

(One per child)

JUNE 18-21, 2018 6-8 PM

Name: _____ Age: _____ Last Grade Completed: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Parent 1 Name: _____ Cell Phone: _____

E-mail Address: _____

Parent 2 Name: _____ Cell Phone: _____

E-mail Address: _____

Will Parents Be Helping in Other Areas of VBS: _____ Where: _____

In Case of Emergency, Contact: _____

Relationship to Child: _____

Allergies or Other Medical Conditions: _____

Home Church: _____

Name of a Special Friend Your Child Might Like to Be With: _____



Hero Group (for church use only) _____

