

TERRACE SHORES 2021 VBS REGISTRATION FORM

(One per child)



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(One per child)

Child's Name			Gender:		Child's Name		Gender:	
\ge:	DOB:	DOB: Last Grade Completed:		Age:	DOB:	Last Grade Completed:		
Parent(s) Nai	me:			_ Parent(s) Na	me:			
Address:				Address:				
ity:		State:	Zip Code:				Zip Code:	
Parent(s) Home Phone #:				Parent(s) Home Phone #:				
Parent(s) Cell Phone #:				Parent(s) Cell Phone #:				
Parent(s) Email Address:				Parent(s) Email Address:				
lome Church:				Home Church:				
Allergies, Medical Conditions, or Special Needs:				Allergies, Medical Conditions, or Special Needs:				
In Case of Emergency, Contact:				In Case of Emergency, Contact:				
Relationship to Child:				Relationship to Child:				