



**TERRACE SHORES
2021 VBS
REGISTRATION FORM**
(One per child)

Child's Name _____ Gender: _____

Age: _____ DOB: _____ Last Grade Completed: _____

Parent(s) Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent(s) Home Phone #: _____

Parent(s) Cell Phone #: _____

Parent(s) Email Address: _____

Home Church: _____

Allergies, Medical Conditions, or Special Needs:

In Case of Emergency, Contact:

Relationship to Child: _____



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