



HAY DAY VBS 2022 REGISTRATION FORM



Childs name _____

Parent/Guardian name _____

Address _____

E-mail Address _____

Phone Numbers Home # _____ Cell# _____

Age Information

Date of Birth _____ Age _____

Last School Grade Completed _____

Home Church _____

Allergies/Medical Information

Emergency Contacts

Name _____ Phone _____

Name _____ Phone _____

Dismissal Information

Names of person(s) who may pick up this child from VBS (please come into the church to pick up children)

Name _____ Name _____

Other Information (Church use only)

Group _____

Are Parents helping with VBS _____

If Yes, Where? _____

Complete form and send online or bring form to church and place it in the offering plate or mail completed form to Ardara Church PO Box 175 Ardara PA 15615