



# 2026 VBS REGISTRATION FORM

**(1 form per family – any additional children (after 3 on front), please list on back)**

Completed forms may be placed at the VBS display in Narthex,  
returned to the church office or given to Trudi Jennings.  
*(There is no registration fee; however, monetary donations toward the cost of supplies are  
always appreciated!)*

**Pre-Register by June 1 to receive a FREE VBS t-shirt**  
Registration will be open until July 1

<p>Child #1 Name: _____ first &amp; last name- if different from parent's last name <b><u>(THIS IS THE NAME THAT WILL APPEAR ON CHILD'S NAME TAG!)</u></b></p> <p>Grade Completed: _____ Age (as of 7/1/2026): _____ <i>(ages 4 through 11)</i> T-shirt size: Youth S-M-L Adult S-M-L</p>	<p>Child #2 Name: _____ first &amp; last name- if different from parent's last name <b><u>(THIS IS THE NAME THAT WILL APPEAR ON CHILD'S NAME TAG!)</u></b></p> <p>Grade Completed: _____ Age (as of 7/1/2026): _____ <i>(ages 4 through 11)</i> T-shirt size: Youth S-M-L Adult S-M-L</p>	<p>Child #3 Name: _____ first &amp; last name- if different from parent's last name <b><u>(THIS IS THE NAME THAT WILL APPEAR ON CHILD'S NAME TAG!)</u></b></p> <p>Grade Completed: _____ Age (as of 7/1/2026): _____ <i>(ages 4 through 11)</i> T-shirt size: Youth S-M-L Adult S-M-L</p>
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Parent's Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Phone Number where you can be reached during VBS (w/area code): \_\_\_\_\_

Emergency Contact Person (other than parent): \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone Number where you can be reached during VBS (w/area code): \_\_\_\_\_

Food Allergies: *Yes No (please circle one)* If yes, describe & indicate which child: \_\_\_\_\_

Medical Concerns: *Yes No (please circle one)* If yes, & indicate which child and explain: \_\_\_\_\_

Church Membership At: \_\_\_\_\_

Individuals Permitted to Pick Up the Child: *(other than parents identified above)*

Name: \_\_\_\_\_

Name: \_\_\_\_\_

(NOTE: Children will be released only to the individuals specified on this form. VBS staff may request a photo id to verify identity of the person picking up the child.)

Will your child be attending all 4 nights of VBS? *Yes No (please circle dates not attending)*

If no, please circle which nights your child will be absent: *Mon Tues Wed Thurs*

May your child be photographed / filmed by VBS staff for any lawful purpose associated with this VBS program?  
*Yes No (please circle one)*

Parent Signature: \_\_\_\_\_

Any additional information that the VBS staff needs to be aware of (i.e. want to be in same Crew with a friend...)