

FIRST BAPTIST CHURCH COLUMBIA

LITTLE KIDS VBS

REGISTRATION FORM



June 20 – 24, 2011

9:00 a.m. – 12:15 p.m.

Child's Name _____

Parent/Guardian Name _____

Address _____

Phone Numbers:

Home _____ Work _____ Cell _____

E-mail: _____

*Please complete the
back side of this
form as well.*

Age Information:

Birth date _____

Has this child completed Kindergarten? Yes No

Medical Information:

Medical or other information we need to know. (Please include any food allergies.)

Emergency Contact:

Name _____ Phone number _____

Name _____ Phone number _____

Dismissal Information:

Who may pick up your child at the end of each VBS day?

Other Information:

Do you attend Sunday School? If so where?



