

# VBS Registration Form

## Community Church of Kamrar

Child's Name \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Numbers:

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail: \_\_\_\_\_

Age Information:

Birth date (for preschoolers) or grade in school just completed \_\_\_\_\_

Medical Information:

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

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Emergency Contact:

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Dismissal Information:

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

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Other Information:

Do you attend Sunday School? If so where?

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If you are visiting our church, who are you a guest of?

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T-shirt size \_\_\_\_\_

Fill out this form and send as an email attachment to [ccofk@netins.net](mailto:ccofk@netins.net) OR mail to  
Community Church of Kamrar, 2351 280<sup>th</sup> St, Kamrar, IA 50132.