



# Registration Form

Name(s) and Age(s) 5-11 years  
old/grade in Fall 2018:

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*Registration Form for Daniel in  
Babylon VBS 2018*

*Thank you for allowing us to share  
God's love and truth through the  
Bible stories of Daniel with your  
children during the week of June 18-  
22. We will meet from 9:00-11:00  
AM and we can hardly wait!*

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian First and Last Name: \_\_\_\_\_

Parent/Guardian Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Number: \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

If your child could have a ride to and/or from VBS would you want us to give  
him/her a ride? If yes, you will be contacted by phone for details. \_\_\_\_\_