

Join us for VBS

July 19th -23rd
6:00 – 8:00 PM



Child's name _____

Circle one: Age 3 4 5
(must be toilet-trained to attend)

OR just finished:
K 1st 2nd 3rd 4th 5th

Parent/Caregiver information:

Name _____

Address _____

E-mail _____

Phone number where you can be reached **during** VBS: _____

Child's allergies or other medical conditions:

(Children will visit an outdoor animal petting area on Thurs. evening)

Requests _____

DEADLINE FOR REGISTRATION is **Sunday, JULY 5**

VBS Music CDs are be available for \$8,
but must be pre-ordered with registration.

Qty: _____ Total: _____ Pd: _____

