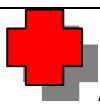


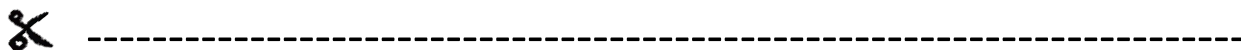


# Registration Form

**One Form Per Child**

|  |                |                              |
|--|----------------|------------------------------|
| Child's Name:  |                |                              |
| Child's age:   | Date of Birth: | Last school grade completed: |
| Name of parent(s)  |                |                              |
| Street Address:  |                |                              |
| City:  | State:         | Zip:                         |
| Home Telephone:  |                |                              |
| Parent/caregiver's cell phone:   |                |                              |
| In case of emergency, contact:   |                | Relationship to child:       |
|  Allergies or other medical conditions: |                |                              |
| Home church:   |                |                              |
| <b>Church Use Only</b>   |                |                              |
| Name:  | Amt. Pd.       | Ck. #                        |
| Scholarship Approved by Bob  |                |                              |
| Volunteer ½ off VBC schedule fee   | Amount:        |                              |

Contact: [Robert Phelan](#)



Cost: 1 child: \$30.00 | 2 children: 40.00 | 3 children or more \$50.00