



REGISTRATION FORM

(ONE 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 (AREA CODE FIRST) _____

PARENT/CAREGIVER'S CELL PHONE _____

HOME EMAIL ADDRESS _____

IN CASE OF EMERGENCY CONTACT _____

RELATIONSHIP TO CHILD _____

ALLERGIES OR OTHER MEDICAL CONDITIONS _____

HOME CHURCH _____

BAYOU CREW NUMBER (FOR CHURCH USE ONLY) _____

PLEASE MAIL FORM WITH REGISTRATION FEE PER CHILD TO: VBS
St. Andrew Presbyterian Church
5340 Primrose Lake Circle
Tampa FL 33647