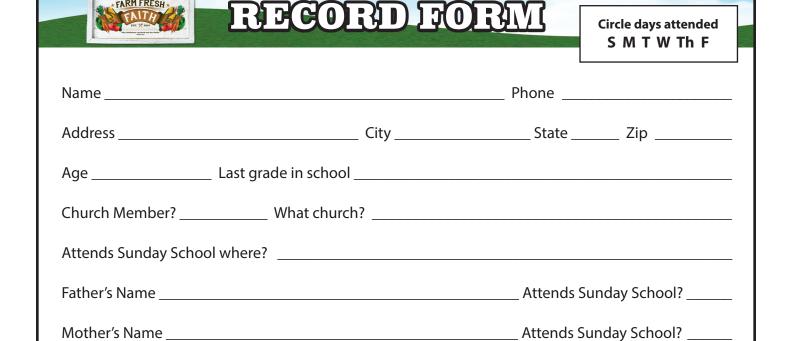
FARM FRESH	(क्षाइम्सर १५म)	ON 13	ORM
The testing range on the fact.			
Student's name			
Address			
Home telephone ()	E-mail address:		
Date of birth///	Age Last school grade completed		
Home church	City		State
Need transportation? Parent/Guard	dian name		
Home phone # ()	Mom's cell # ()	
Dad's cell # ()	Other Phone # ()	
Allergies/Medical conditions			
Emergency contact			
Phone # ()	Relationship to child		
Person other than parent authorized to p	oick up your child		
Permission to upload a photograph or video of your child to social media		Yes	No
Parent / Guardian Signature		Date	
Please list on the back any other information we need to know about your child.			

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Assigned to ______ Class _____

_____ Transportation Needed? _____

Teacher