



Childcare Registration

July 12-15 • 9am-Noon

Infant, 2s and 3s

~ For Volunteers Only ~

Thank you for sharing your time and talent at VBS! Childcare is provided at no cost. Please fill out this registration form and the Medical Authorization on reverse.

Parent/Guardian: _____

Address: _____

City _____ ZIP _____

Important: You will receive a volunteer registration confirmation email about VBS. Please check your email for information about check-in times, volunteer information and assignments. If you do not have email, you will be contacted by mail or phone.

E-MAIL (PRINT CLEARLY): _____

Phone # 's: Home: _____ Cell: _____

Home Church _____

Child 1: _____ DOB _____ Age: _____

Child 2: _____ DOB _____ Age: _____

Child 3: _____ DOB _____ Age: _____

Emergency Contact if we cannot reach you at the numbers above:

Name _____ Contact Info: _____

Name _____ Contact Info: _____

For Office Use Only

Volunteer Assignment: _____ Authorization: Y N