



VBS Registration Form

CRIFC – 2019



Name _____ Age _____

Birth Date _____ Last Grade Completed _____

Address _____

Parent(s)/Guardian(s) Name _____

Home phone _____ Cell phone _____

Email _____

Parent(s) Work Phones _____

Name of Home Church, If Any _____

Allergies or Medical Conditions _____

In Case of Emergency Contact _____

Phone number for emergency contact _____

Relationship to child _____

I hereby grant permission for Chestnut Ridge Independent Fellowship Church to use pictures of my child on its website for informational or promotional purposes.

Parent/ Legal Guardian (print name) _____

Parent/ Legal Guardian (Signature) _____