



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: (____) _____

Parent/caregiver's cell phone: (____) _____

Home e-mail address: _____

In case of emergency, contact: _____

Relationship to child: _____

Allergies or other medical conditions: _____

Home church (if applicable): _____

Do you plan to attend the picnic the first night of VBS, Mon June 22nd at 5:30pm? Yes ___ No ___

If yes, please indicate the number of individuals _____

Bayou Crew number (for church use only): _____