

KINGDOM OF THE SON  
VBS REGISTRATION  
JULY 26-30<sup>TH</sup>  
AGES 3 TO THOSE ENTERING 6TH GRADE

Child's Name: \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent's name: \_\_\_\_\_

Emergency contact/number: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

Current Grade in school \_\_\_\_\_

Please return form to Adventure Life Church office or the  
mailboxes of Megan Rash or Tiffany Bergman.



