

## 2025 VBS Registration Form

Name:	
Age:	School:
Grade in 2025-'26:	Home church:
Food Allergies:	
Other important information VBS staff should be aware of: (including medicine, other allergies, special needs, etc.):	
Any Siblings Attending? Y      N	If yes, names of siblings: <i>You only need to fill out the rest of this form once for all your children in attendance.</i>
Parent(s)/Guardian(s):	
Address:	
Mobile Phone 1:	
Mobile Phone 2:	
Other Phone:	
Email Address:	
Emergency Contact Name:	
Relationship to child:	
Phone Number:	

*My child/children has permission to attend VBS at Grace Episcopal Church of Glendora. I understand that my child's photograph may be used in publicity. In case of emergency, I give permission for Grace Episcopal Church to secure proper medical treatment for my child.  
I understand children who require one on one attention may not be able to participate in this program.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please return to the Church Front Office by July 7, 2025