



## VBS Registration at The Cross//Walk Church

Student Name: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

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

Circle last completed school grade: 3-4 year olds    K    1    2    3    4

Allergies, medical conditions, or special needs for your child: \_\_\_\_\_

Permission for child pick-up: \_\_\_\_\_

Return Completed Registration form when dropping your child off at VBS or by emailing it to  
office@thecrosswalkchurch.com