

# New Beginnings Church VBS

## Registration Form

Children:

First & Last Names:

\_\_\_\_\_  
\_\_\_\_\_

Birthdates: \_\_\_\_\_

Grades: \_\_\_\_\_

Parents:

MOM's First & Last Name: \_\_\_\_\_

DAD's First & Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Any important information we need to know about your child? (allergies, special diet, etc) \_\_\_\_\_

You can also register by sending this information to us via messenger @ New Beginnings Church Punxsutawney or email us at [punxsyag@yahoo.com](mailto:punxsyag@yahoo.com)

**\*\*Preschool (ages 3-5) will have their own program involving the same elements.**

What is your home church? \_\_\_\_\_

Would you like information on our Children's or Youth programs? Y or N

Would you like information about future events? Y or N