VBS 2008

Valley Vineyard Church
6642 Reseda Blvd
Reseda CA 91335
818-776-9696
www.valleyvineyard.org

Please fill out one registration form per child.

Child's Name: _____ Age: _____
First Last

Grade in Fall 2008 _____ Birthday: _____

Parent or Guardian: _____ Relationship to child: _____
First Last

Home Phone: _____ Cell: _____ Other: _____

Address: _____

E-mail Address: _____ Would you like VBS email updates? Y N

Would you like more information about the Valley vineyard Church? Y N May we contact you? Y N

Medical Release Form

Dr.'s Name: _____ Phone number: _____
Insurance: _____ Policy # _____

Please list and describe any allergies to food or medication, foods, etc…
Please also provide any helpful information regarding physical or emotional challenges or limitations.

If parent of legal guardian cannot be reached, please notify in case of an emergency:

1. _____ Phone: _____
   Name Relationship
2. _____ Phone: _____
   Name Relationship

In the event that I, or other emergency contacts cannot be reached, I hereby give permission to the Valley Vineyard Christian Fellowship to secure medical treatment for my son/daughter, _____.

Today's Date: _____ Parent Signature: _____

Return completed form to Pastor Kim at the Valley Vineyard address (above) or you can fax it to 818-776-8903.