

Children and Youth Registration Form (3 – 17 years old)



Where: Phillips CME Church

2185 Winchester Rd. NW

Huntsville, AL 35810

When: June 13-15th

Time: 6:00 – 8:00pm

Rev. Dr. Gregory Scott, Pastor

256-534-2007

Phillips CME VBS June 13-15

Student Information

First Name: _____ **Last Name:** _____

Age: _____ **Grade:** _____

Birthday: _____

Does the student have any known allergies? Yes ___ No ___

If so, what are they? _____

Does the student have any dietary restrictions? Yes ___ No ___

If so, what are they? _____

Has the student attended VBS in the past? Yes ___ No ___

Parent/Guardian Information

Name

First _____ Last _____

Address: _____

City State Zip: _____

Phone Mobile: _____

Email: _____

Emergency Contact Information

Name: _____ Phone: _____

Please return form to Darlene Wade at Phillips CME Church or

Email: darlene121947@att.net