

TAYLORTOWN COMMUNITY CHURCH
V.B.S. REGISTRATION FORM
JULY 29TH – AUG. 1ST
6:30 P.M.– 8:30 P.M.

Please, print this form out and mail it to:
Taylortown Community Church
2656 Taylortown Rd.
Shelby, OH. 44875

Child's Name: _____ Age: _____

Grade Entering: _____ School: _____

Any Brother or Sister Attending VBS: _____,

_____, _____

Allergies: _____

Who will be picking the child up: _____ Relationship:

_____ Contact Info: _____

Additional People Approved to Pick child up: _____,

_____, _____

Parent Name: _____ Address: _____

Contact Number: _____ E-Mail: _____

EMERGENCY CONTACT: NAME: _____

PHONE: _____

Would you like to be added to

our church mailing list? _____

Would you like to be added to our VBS mailing list? _____

PLEASE SIGN BELOW: My child _____ has my permission to participate in Vacation Bible School at Taylortown Community Church. Only authorized people listed on this registration form are able to pick up my child, unless other arrangements have been made with the VBS director (Patty Arnett).

Parent Signature: _____ Date:
