

VBS 2019 Registration Form

June 17 to June 21, 2019

First Evangelical Church, Glendale – Children's Ministry
522 W. Broadway, Glendale, CA 91204
Tel: (818) 240-5633 Fax: (818) 240-4805
<http://vbs.fecg.org> / vbs@fecg.org



Please flip over for medical release form

Parent/Guardian Name(s) _____

Street Address _____

City _____ Zip Code _____

Primary Phone (_____) _____ HOME / CELL / WORK

Secondary Phone (_____) _____ HOME / CELL / WORK

Email _____

Name of FEC member who invited you _____

Child's Name _____

Sex: M / F Age _____ Grade Completed _____ Birthdate ____ / ____ / ____

T-Shirt (children's sizes): XS S M L

Food allergies / medical conditions _____

Child's Name _____

Sex: M / F Age _____ Grade Completed _____ Birthdate ____ / ____ / ____

T-Shirt (children's sizes): XS S M L

Food allergies / medical conditions _____

Child's Name _____

Sex: M / F Age _____ Grade Completed _____ Birthdate ____ / ____ / ____

T-Shirt (children's sizes): XS S M L

Food allergies / medical conditions _____

Important registration reminders:

- Early Registration Fee (before June 2): \$30
- Late Registration Fee: \$35
- Please make checks payable to **FECG**

Office Use Only:

Payment type: Cash Check # _____
Amount: \$30 \$35 Full Scholarship
Date: _____ Initial: _____

