



**VBS REGISTRATION FORM**  
**HUDSON COMMUNITY CHURCH**  
**226 ELDORA RD, HUDSON**  
**AUGUST 9-13 FROM 9AM TO NOON**  
For Ages 3years (and potty trained) thru going into 6th Grade

Childs Name: \_\_\_\_\_

Child's age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Last school grad completed: \_\_\_\_\_

Name of parent(s): \_\_\_\_\_

Street address: \_\_\_\_\_

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

Home telephone: (\_\_\_\_\_) \_\_\_\_\_

Parent/caregiver's cell phone: \_\_\_\_\_

Home e-mail address: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

Relationship to child: \_\_\_\_\_



Allergies or other medical conditions: \_\_\_\_\_

Home church: \_\_\_\_\_