

VBS REGISTRATION FORM



AVERSBORO
BAPTIST CHURCH

PARTICIPANT'S NAME (FIRST & LAST)		AGE/GRADE AS OF 8/31/25	
ALLERGIES? (IF NONE, LEAVE BLANK)	☐ PEANUT ☐ TREE NUT ☐ GLUTEN ☐ DAIRY ☐ SOY ☐ EGGS		
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PARENT/GUARDIAN NAMES (FIRST & LAST)			
PARENT/GUARDIAN EMAIL			
MAILING ADDRESS			
EMERGENCY CONTACT (NAME & PHONE #)			
WHO IS AUTHORIZED TO PICK UP YOUR CHILD?			
WOULD YOU LIKE TO KNOW ABOUT FUTURE AVERSBORO EVENTS? ☐ YES ☐ NO			

SHINING A LIGHT ON
WHO JESUS REALLY IS

ILLUMINATION
STATION

JOHN 8:12