	EGISTRA			ARD
Name .	ete Address			
Home Phone () Work Phone ()				
E-mail	Address			
Parent/	Guardian			
Allergie	es/Medical Information			
Emergency Contact Phone ()				
Birth Date (M/D/Y)Age				
Grade CompletedBrought by				
Church				
Attendance Write the appropriate date in each block.				
Other Family Members Age Attended VBS?				
Other Family Members			Age	Attended VBS?
Follow-Up Record				
Date	Type of Contact	Purpose		Results
	t: Personal, Mailing, Invitation to a program, Phone call al Comments	Purpose: Thank-you for attended	ng, Invitation, Infor	nation about the church