



June 27-30

5:30 PM - 8:30 PM

Rose Park Reformed VBS Registration Form:

Name(s) & Age(s): _____

Parent's Names: _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Emergency Contact: _____

Person Authorized
to Pick up Child: _____

Allergies/
Medical needs: _____

Home Church: _____

Any friends your child would
like to be grouped with for VBS? _____