



West Hartsville Baptist Church
1003 West Carolina Avenue
Hartsville, SC 29550
843-332-6221 FAX: 843-878-9870
lori@westhartsville.org

VBS Registration Form

(one per child)

Child's name: _____

Child's age: _____ Date of birth: _____ Last school grade completed: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (_____) _____

Parent/caregiver's cell phone: (_____) _____

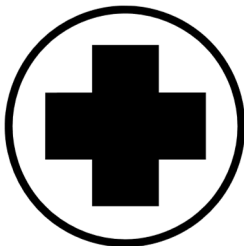
Home e-mail address:

_____ Pa

Home church: _____

FLIGHT NUMBER (for church use only): _____

Allergies or other medical conditions: _____



In case of emergency, contact: _____

Phone: _____

Relationship to child: _____