

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



## VBS 2026 STUDENT REGISTRATION

(one per child)

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

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Last School Grade Completed: \_\_\_\_\_

Name of Parent/Guardian(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Parent/Guardian's Home telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Home email address: \_\_\_\_\_

Home Church: \_\_\_\_\_

Food/Other Allergies or Medical Conditions: \_\_\_\_\_

Name of a sibling or friend your child might like to be placed with: \_\_\_\_\_

(FOR CHURCH USE ONLY)

Allergies or Other Medical Conditions: \_\_\_\_\_

In Case of Emergency, contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**ROMAN FAMILY NAME:**

\_\_\_\_\_