



REGISTRATION FORM

\$25 per child

Make Check payable to Ivy Chapel with "VBS" on the memo line.

Return or Mail to: Ivy Chapel – VBS
620 North Woods Mill Road
Chesterfield, MO 63017

For questions call 314-434-4991

July 23-27, 9 a.m. - noon

Ages 3 years – 5th Grade
(Complete one form per child)

****ALL CHILDREN MUST BE POTTY TRAINED****

Child's Name: _____ **Age:** _____

Street address: _____

City: _____ **Zip:** _____

Home telephone: (_____) _____

Cell telephone: (_____) _____

E-mail address: _____

Date of birth: _____ **Last school grade completed:** _____

Home Church: _____

Mother: _____ **Phone:** _____

Father: _____ **Phone:** _____

In case of emergency, contact:

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Allergies or other medical conditions: _____

Dismissal Information (Provide name(s) of person(s) allowed to pick up child other than parents):

Name: _____

Phone: _____

