



**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 27-31** 9am-noon  
Ages 3 years – 5<sup>th</sup> 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:** \_\_\_\_\_

**We will be making a VBS T-Shirt for our craft on Monday. Please provide us  
with your child's T-shirt size!**

**T-shirt size** Youth Size XS \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_  
2-4 6-8 10-12 14-16

