



Harvest 2021 VBS Registration Form

Sunday, August 8- Thursday, August 12

(one per child-Ages 5-13)

Child's Name _____

Child's Age & _____

Date Of Birth _____

Last School _____

Grade _____

Completed _____

Name of _____

Parent(s) _____

Home Phone _____ Cell Phone _____

Email _____

Address _____

Please list your child's allergies or other medical conditions:

In Case of Emergency, contact: _____

Relationship to child: _____

Please Submit Registration Form Early!

Submit To: (via e-mail/mail/or in Harvest drop box)

Email: info@harvestbfc.org

Or Mail To: _____

584 Colebrookdale Road, Boyertown, PA 19512