



## Space-2-Grow VBS REGISTRATION FORM

Child's Name \_\_\_\_\_

Child's Age/Birth Date \_\_\_\_\_ Child's School/Grade (2022-2023) \_\_\_\_\_

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

Mobile Phone #1 \_\_\_\_\_ Mobile Phone #2 \_\_\_\_\_

Email \_\_\_\_\_ Preferred Contact Method \_\_\_\_\_

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

Allergies or Special Needs \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

*(For more information please contact Kelly Smith by phone at 770-271-4067 or email at [parishadmin@maryandmarthabuford.org](mailto:parishadmin@maryandmarthabuford.org); To register you may email this form to Kelly Smith at [parishadmin@maryandmarthabuford.org](mailto:parishadmin@maryandmarthabuford.org), mail or drop off at St. Mary and St. Martha Episcopal Church at 4346 Ridge Road Buford GA 30519. You may also visit our website at [www.smmbuford.org](http://www.smmbuford.org))*