


WESTSIDE
CHURCH OF CHRIST
100 Crestmont www.westsidecoc.com



Registration Form

Name: _____ Age: _____ Birth date: _____

Address: _____

City: _____ State: _____ Zip _____

Parents: _____

Home phone: (____) _____ Cell phone: (____) _____

Work phone(s): (____) _____

In case of emergency contact: _____

Allergies or other medical conditions: _____

Grade next school year: _____

Please print out VBS Registration Form and print your information.

Return it to: Westside Church of Christ 100 Crestmont El Paso, TX 79912

or yoli@westsidecoc.com