

VBS REGISTRATION



CHILD'S NAME (FIRST & LAST) _____

ADDRESS _____

GENDER: M F AGE _____ DOB _____ GRADE ENTERING _____

DIETARY RESTRICTIONS/ALLERGIES _____

MEDICAL CONCERNS/COMMENTS _____

PARENT/GUARDIAN 1 NAME _____

PHONE _____ EMAIL _____

PARENT/GUARDIAN 2 NAME _____

PHONE _____ EMAIL _____

EMERGENCY CONTACTS- PLEASE LIST 2 PEOPLE WHO MAY BE CONTACTED IF YOU CAN NOT BE REACHED. THESE PEOPLE IN ADDITION TO PARENT/GUARDIAN CONTACTS MAY ALSO BE ALLOWED TO PICK UP YOUR CHILD FROM VBS.

1. NAME _____ PHONE _____
RELATIONSHIP TO CHILD _____

2. NAME _____ PHONE _____
RELATIONSHIP TO CHILD _____

PARENT'S SIGNATURE _____ DATE _____