

VBS Registration Form

CHILD INFORMATION

Child's Name _____

(Please use a separate form for each child)

Age _____ Date of Birth _____ Last Grade Completed _____

Address _____
Street State ZIP Code

GUARDIAN INFORMATION

Parent/Guardian Name(s) _____

Work Phone _____ Mobile Phone _____

Email _____

EMERGENCY INFORMATION

Food Allergies? **YES / NO** If yes, list allergies _____

Medical Concerns? **YES / NO** If yes, list concerns _____

Special Needs? **YES / NO** If yes, list needs _____

Emergency Contact Name _____

Relationship _____ Phone _____

Emergency Contact Name _____

Relationship _____ Phone _____

Doctor _____ Phone _____

RELEASE INFORMATION

Who is authorized to pick up your child? _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

SIGNATURE

Parent/Guardian _____ Date _____

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