

Register me for VBS

Child's name _____

Gender: Male Female Birthdate ____/____/____ Grade completed _____

Address: _____ City: _____ State: ____ Zip _____

Parent/Guardian: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Emergency Contact: _____

Relationship to child: _____ Phone: _____

Please Place my child with: _____

Name of home church: _____

Food Allergies: Y ____ N ____ List: _____

Medical Conditions Y ____ N ____ Explain: _____

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