



Registration Form

Child's Name _____

Parent/Guardian _____

Address _____

Phone Numbers

Home _____

Cell _____

E-mail _____

Last Grade Completed in School _____

Medical Information

Medical or other information we need to know.
(Please include food allergies)

Emergency Contacts

Name _____ Phone # _____

Name _____ Phone # _____

Dismissal Information

Who may pick up your child at the end of each VBS Day _____

Other Information

May we have permission to photograph your child?
Yes or No

May we have permission to use your child's photograph for the purpose of promotion? Yes or No



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