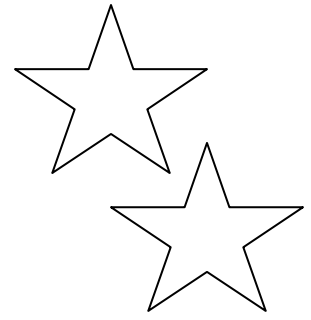




# Registration Form



Monday, July 26 – Friday, July 30

Child's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Age Information: Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

**Last school grade completed** \_\_\_\_\_

Home Church \_\_\_\_\_

Allergies/Medical Information/Other \_\_\_\_\_

\_\_\_\_\_

## Emergency Contacts

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

## **Dismissal Information**

Name(s) of person(s) who may pick up this child from VBS – Check here if above

\_\_\_\_\_

\_\_\_\_\_

Will Child be staying for optional lunch? (Must let us know at time of registration for child to be included due to food preparation) **Please circle - YES OR NO**