



### 2010 VBS Registration Form

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

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Just Completed: \_\_\_\_\_ Gender: M F  
(as of 06/01/10) (09-10 school year)

Siblings: \_\_\_\_\_

Name of Friend with whom child would like to be group: \_\_\_\_\_

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

Home Address: \_\_\_\_\_ Contact Information: (h) \_\_\_\_\_

\_\_\_\_\_ (c) \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

#### Emergency Contact (incase parent cannot be located)

Name: \_\_\_\_\_ Contact Information: (h) \_\_\_\_\_

Relationship to child: \_\_\_\_\_ (c) \_\_\_\_\_

#### Person picking up this child at end of VBS Night

Name: \_\_\_\_\_ Contact Information: (h) \_\_\_\_\_

Relationship to child: \_\_\_\_\_ (c) \_\_\_\_\_

Special Needs/Circumstances: \_\_\_\_\_

List all allergies / medical conditions: \_\_\_\_\_

Church you regularly attend: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_