



## Registration Form

Child's name: \_\_\_\_\_ Child's gender: F or M

Child's age: \_\_\_\_ Date of birth: \_\_\_\_\_ Last school grade completed: \_\_\_\_\_

Name of sibling/siblings attending VBS: \_\_\_\_\_

Name of parent(s): \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/caregiver's cell: (\_\_\_\_\_) \_\_\_\_\_

Parent/caregiver's email: \_\_\_\_\_

On the last day of VBS, students will be treated to an evening outside with water games. Please circle "Yes" if child can participate in the water games. Yes or No

\*Note: if participation is approved please send child with a towel to dry off.

### Emergency Information

Emergency contact: \_\_\_\_\_

Emergency contact phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Allergies of other medical conditions: \_\_\_\_\_

\_\_\_\_\_