

## Register me for VBS 2019

Childs name \_\_\_\_\_

Gender: Male \_\_\_ Female \_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Grade completed \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Parents / Guardian \_\_\_\_\_ Home phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_

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

Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Name of home church \_\_\_\_\_

Food allergies Y \_\_\_ N \_\_\_ List \_\_\_\_\_

Medical concerns Y \_\_\_ N \_\_\_ Explain \_\_\_\_\_