

## Registration for VBS 2024

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

Mailing Address \_\_\_\_\_

City and Zip \_\_\_\_\_

Email \_\_\_\_\_

Birthday \_\_\_\_\_ Last Grade Finished \_\_\_\_\_

Allergies \_\_\_\_\_

Medical Needs \_\_\_\_\_

Disabilities \_\_\_\_\_

Primary Contact with Phone Number

\_\_\_\_\_

Emergency Contact with Phone Number

\_\_\_\_\_

My Child has my permission to attend VBS. I understand that pictures will be taken. I verify that all information given is correct.

\_\_\_\_\_

(Signature and date)