

VBS REGISTRATION

(Please Print)

Group _____

CHILD

Last _____

First _____

Age _____ Grade _____

PARENT(S)

Last _____

First _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-mail _____

Invited by _____

Emergency Contact _____

Allergy/Special Information _____

Person(s) authorized to take child from premises _____