

ages June 27-July 1, 2010

5:30-8:00 PM



STUDENT REGISTRATION FORM

Child's Name: _____

Parent/Guardian Name: _____

Address: _____

Home telephone: _____ Cell phone: _____

Child's age: _____ Fall 2010 grade in school: _____

Please list any allergies (including food allergies) the VBS staff should be aware of: _____

In case of emergency (when the parent/guardian cannot be reached) please contact:

Name: _____

Telephone: _____ Cell phone: _____

Relationship to child: _____

Person responsible for picking up this child at the end of each VBS session:

Name: _____

Home telephone: _____ Cell phone: _____

Signature of parent/guardian: _____