

# VBS REGISTRATION 2014

Child's Name \_\_\_\_\_  
(Last) (First) (Middle Initial)

Birthdate \_\_\_\_\_ Grade in School as of August \_\_\_\_\_ Age \_\_\_\_\_

Parent or Legal Guardian \_\_\_\_\_

Parent/Guardian Address \_\_\_\_\_  
(Street Name, Apartment Number)

\_\_\_\_\_  
(City, State, Zip)

Parent/Guardian email address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Invited By \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Number \_\_\_\_\_

Allergies/Special Information \_\_\_\_\_

\_\_\_\_\_  
Adult Authorized to pick up child \_\_\_\_\_

