



Child's Name (Last) _____ (First) _____

Age _____ Date of Birth _____ Grade ^(as of Spring 2010) _____

Address _____ City/St _____ Zip _____

Parent's Name (Last) _____ (First) _____

Home Phone # _____ E-mail _____

Parent's Cell # _____ Parent's Work # _____

Does this child have any medical condition(s) that we should be aware of (allergies, medications, etc?)

If so please explain. _____

Dismissal & Emergency Contact Information (To serve your child in case of ACCIDENT OR SUDDEN ILLNESS)

1. Name _____ Phone # _____

2. Name _____ Phone # _____

T-shirt size: (Please circle one) **CHILD** XS SM MED LRG **ADULT** SM MED LRG XL XXL

Siblings who will also be attending VBS _____

Permission granted to photograph/video and release images. (Please circle one) Yes No

I would like to volunteer to help with _____

Church use only/Other Information

