



**Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Other Siblings/Children & Ages/Grade Completed Attending VBS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Home Church:** \_\_\_\_\_

**Allergies/Medical Information:** \_\_\_\_\_

\_\_\_\_\_

**Emergency Contact:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name of Person(s) to Pick-up Child from VBS:**

\_\_\_\_\_

\_\_\_\_\_