

June 12-16, 9:00am – noon



**Child's Name** \_\_\_\_\_

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

**Address** \_\_\_\_\_  
(street address, city, state, and zip code)

**Mailing Address (if different)** \_\_\_\_\_

**Contact Information**

Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_

**Age Information**

Birth date \_\_\_\_\_ Last grade completed in school \_\_\_\_

**T-Shirt size** \_\_\_\_\_

**Medical Information**

Medical or other information we need to know. (Please include any food allergies.)

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contacts** (other than listed above)

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_

**Dismissal Information**

Who may pick up your child at the end of each VBS day?

\_\_\_\_\_

May we have permission to photograph your child?

Yes \_\_\_ No \_\_\_

May we have permission to use your child's photograph for the purpose of promotion? Yes \_\_\_\_\_ No \_\_\_\_\_