

VBS CHILD REGISTRATION

Child 1:

Name: _____ Gender: Male/Female
Birthdate: _____ Completed Grade: _____
Medical Info/Allergies: _____

Child 2:

Name: _____ Gender: Male/Female
Birthdate: _____ Completed Grade: _____
Medical Info/Allergies: _____

Child 3:

Name: _____ Gender: Male/Female
Birthdate: _____ Completed Grade: _____
Medical Info/Allergies: _____

Address: _____

City: _____ Zip Code: _____

Parent/Guardian: _____

Home Phone: _____ Cell Phone: _____

Email: _____