

# Registration Form

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

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

Address \_\_\_\_\_

\_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone Numbers Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

## Age Information

Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Last school grade completed \_\_\_\_\_

Home Church \_\_\_\_\_

## Allergies/Medical Information/Other

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

## Emergency Contacts

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

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

## Dismissal Information

Name(s) of person(s) who may pick up this child from VBS

\_\_\_\_\_

## Other Information (church use only)

Cadet Group \_\_\_\_\_

Are parents helping with GALACTIC BLAST VBS? \_\_\_\_\_ If yes, where? \_\_\_\_\_