

REGISTER MY CHILD FOR TIME LAB VBS!

Child's Name: _____ Today's Date _____

Gender: Male _____ Female _____ DOB ____/____/____ Grade Entering: _____

Address: _____ City: _____ State: _____ Zip: _____

Parents/Guardian: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Emergency Contact: _____

Relationship to Child: _____ Phone: _____

Please place my child with: _____ Name of Home Church: _____

Food Allergies: No _____ Yes _____ List: _____

Medical Concerns: No _____ Yes _____ Explain: _____

FOR PARENT VOLUNTEERS: Location during VBS: _____

Name of People Authorized to drop off / pick up my child from VBS:

Name	Relationship to Child	Phone No.
_____	_____	_____
_____	_____	_____
_____	_____	_____