

# VBS REGISTRATION

## Attendee Information

Name: \_\_\_\_\_

Mom

Dad

Birth - 11 months

1 Yr

2 Yrs

3 Yrs

*(0-3 Childcare is only for*

*parents attending VBS*

*and VBS volunteers.)*

4 Yrs

5 Yrs

6 Yrs

7 Yrs

8 Yrs

9 Yrs

10 Yrs

11 Yrs

Food Allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

Additional Medical Information: \_\_\_\_\_

Name(s) of family members attending: \_\_\_\_\_

## Parent /Emergency Contact Information

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_