**VBS Registration 2016**

**CHILD NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AGE OR GRADE IN SEPTEMBER\_\_\_\_\_\_\_\_\_\_ BOY\_\_\_\_GIRL\_\_\_\_**

**STREET ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TOWN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_\_**

**PARENT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMERGENCY CONTACT PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WHO WILL PICK UP CHILD AFTER VBS?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ALLERGIES AND/OR MEDICATIONS:**

**\_\_\_\_\_\_NO KNOWN ALLERGIES OR MEDICATIONS**

**\_\_\_\_\_\_ ALLERGIES AND MEDICATIONS ARE LISTED BELOW**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **TBC MAY USE PHOTOS INCLUDING YOUR CHILD**
* **TBC MAY SEEK EMERGENCY MEDICAL TREATMENT FOR YOUR CHILD IF PARENT CANNOT BE CONTACTED.**
* **FAMILY MAY BE CONTACTED BY YOUR CHILD’S TEACHER.**

**PARENT SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_**

**VBS Registration 2016**

**CHILD NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**STREET ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TOWN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_\_**

**PARENT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMERGENCY CONTACT PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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