

FOR CHILDREN LIVING IN THE SAME HOUSEHOLD

Child 1 Name _____ Birthday: ____/____/20__ Age: _____

Grade: 3 1/2 years/PreK Kindergarten/1st/2nd 3rd/4th/5th/6th Gender: M F

Allergies/Medical Conditions (please get green wristband): _____

Child 2 Name _____ Birthday: ____/____/20__ Age: _____

Grade: 3 1/2 years/PreK Kindergarten/1st/2nd 3rd/4th/5th/6th Gender: M F

Allergies/Medical Conditions (please get green wristband): _____

Child 3 Name _____ Birthday: ____/____/20__ Age: _____

Grade: 3 1/2 years/PreK Kindergarten/1st/2nd 3rd/4th/5th/6th Gender: M F

Allergies/Medical Conditions (please get green wristband): _____

Child 4 Name _____ Birthday: ____/____/20__ Age: _____

Grade: 3 1/2 years/PreK Kindergarten/1st/2nd 3rd/4th/5th/6th Gender: M F

Allergies/Medical Conditions (please get green wristband): _____

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Parent/Guardian Email: _____ @ _____

Do you currently attend a Church? Y N Name of Church: _____

How did you hear about us (flyer, sign, name of friend)? _____

1st Parent/Guardian Name _____ Contact Number: _____

2nd Parent/Guardian Name _____ Contact Number: _____

Person(s) other than parents authorized to pick up child: _____

I hereby give permission for my child to be photographed or video recorded and for these images to be published in order to celebrate and/or promote this VBS experience. **Parent/Guardian initials:** _____

I hereby give my permission for my child to participate in the game time activities. **Parent/Guardian initials:** _____