

# 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: \_\_\_\_\_

1st Parent/Guardian Name \_\_\_\_\_ Contact Number: \_\_\_\_\_

1st Parent/Guardian Email: \_\_\_\_\_ @ \_\_\_\_\_

2nd Parent/Guardian Name \_\_\_\_\_ Contact Number: \_\_\_\_\_

2nd 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)? \_\_\_\_\_

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:** \_\_\_\_\_