

VBS Child Registration Form

Child #1 Information:

First Name: _____

Last Name: _____

Age: _____ Grade Finished: _____

Allergies: _____

Child #2 Information:

First Name: _____

Last Name: _____

Age: _____ Grade Finished: _____

Allergies: _____

Child #3 Information:

First Name: _____

Last Name: _____

Age: _____ Grade Finished: _____

Allergies: _____

Parent Information:

First Name: _____

Last Name: _____

Phone Number: () _____