



CHILD PARTICIPATION INFORMATION

(Complete one registration form per family)

NAME	GRADE COMPLETED	T-SHIRT SIZE

Do any of your children have any food allergies? If so, please list them.

PARENT/GUARDIAN INFORMATION

PARENT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

I GIVE PERMISSION FOR MY CHILD/CHILDREN TO BE PHOTOGRAPHED AT VBS.

YES NO