

# Rainforest Adventure VBS Registration Form



Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Home e-mail address: \_\_\_\_\_

Child's age: \_\_\_\_\_ Last school grade completed: \_\_\_\_\_

Home congregation (if any): \_\_\_\_\_

*In case of emergency (when the parent/guardian cannot be reached) please contact:*

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Please list any food allergies (including food) the VBS staff should be aware of

\_\_\_\_\_

*Person responsible for picking up this child at the end of VBS each day:*

Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_