

**VBS Registration Form**  
**July 26-30, 2010**

Child's Name                      Birth date                      Grade - Fall 2010

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Street address

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home phone ( \_\_\_\_ ) \_\_\_\_\_

Cell phone ( \_\_\_\_ ) \_\_\_\_\_

E-mail \_\_\_\_\_

Parent(s) name(s):

Parent(s) work phone(s):

In case of emergency, contact:

Allergies or other medical conditions:

\$20/child (max. of \$50/family)

Payment: Cash \_\_\_\_\_

Check \_\_\_\_\_

