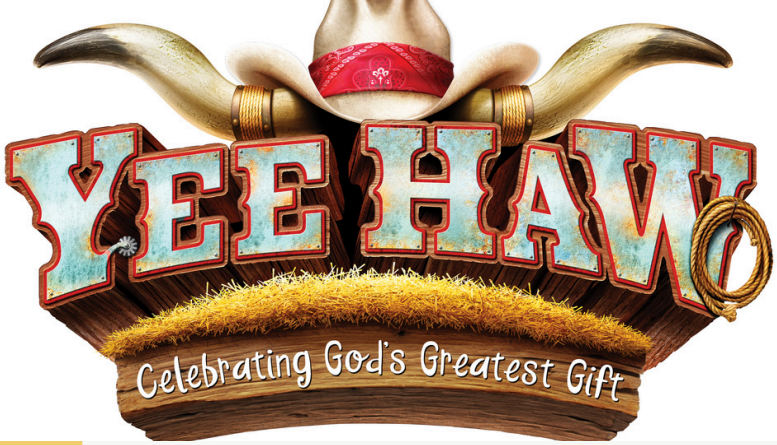

VBS REGISTRATION

WE NEED A FORM FOR EACH CHILD

SATURDAY AUGUST 23RD - 9AM-12PM
SUNDAY AUGUST 24TH - 9AM-11:30AM

Child's Information

Child's Name:_____

Address

Street _____

Town._____

Age: .....

Parent Information

Name: .....

Phone Number:.....

Email Address: .....

Other Adult (over 18) for Drop off or Pick up:

Name:_____

Phone #:_____

Child Health

Physical Limitations/Restrictions:

1. .....
2. .....
3. .....

Does Your Child have any Allergies? ___Yes ___No

If yes, please list.explain below

Bees type -.....

Food - .....

Do these Allergies require the child to carry an Epipen?

____Yes ____No. If yes, is the child able to administer themselves?

____Yes ___ No

Emergency Contact

Name of Contact:_____

Phone: ____-____-_____

Additional contact:_____

Phone: ____-____-_____

Parental Permission (if applicable):

(For children being dropped/picked up by another adult

I _____ ***(parent)***

Give _____

(name of adult) permission to ___ (x) pick up ___(x) drop off my child (name)

_____

for participation in VBS

(Parent signature)

Any Person authorized to pick up a child MUST show a valid Picture ID

Submit via email: enjoylwc@gmail.com, directly thru the Welcome Center or use QR code