



Smith Memorial VBS
Dates: July 19-24, 2010

Registration Form Confidential

Child's name: _____

Nickname/preferred name to be called:

Parent/Guardian name:

Address: _____

Home phone: (____) ____ - _____

Cell phone: (____) ____ - _____

Child's age: ____ Date of birth: _____

Gender: M F Last school grade completed: _____

Siblings: _____

Home faith Community (if any):

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

Name: _____

Telephone: _____

Relationship to child: _____

(Continued)

Please list any allergies/medical needs the VBS staff should be aware of:

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

Name: _____

Telephone: _____

Tell us anything special you'd like us to know about your child: _____

This will be my child's first large-group experience other than Sunday school: Yes No

ONE friend my child would like to be with:

Special needs/circumstances:

Signature of parent/guardian:

I would like to volunteer for:

Site guide Assistant Registrar Other

Name: _____

Contact number: _____

Days Available Mo Tu We Th Fr



Emergency Card

Child's Name: _____

Child's Age: Birthday: _____

Parent/Guardian: _____

Address: _____

Home Telephone: _____

Cell Phone: _____

Emergency contacts:

Name/Number/Relationship:

Name/Number/Relationship:

Allergies: _____

Medications: _____

Medical conditions: _____

Other:

Height: _____ Weight: _____

Hair: _____ Eyes: _____

Physician:

Name/Clinic/Phone: _____

Dentist:

Name/Clinic/Phone _____
