

**SHIPWRECKED! VBS REGISTRATION FORM**  
**AUGUST 20<sup>TH</sup> – 24<sup>TH</sup>, 2018**

**NAME OF CHILD:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **SEX:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**LAST SCHOOL GRADE COMPLETED AS OF JUNE 2018:** \_\_\_\_\_

**MOTHER'S NAME:** \_\_\_\_\_

**FATHER'S NAME:** \_\_\_\_\_

**ADDRESS (Including postal code)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHONE #:** Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**EMERGENCY CONTACT NAME:** \_\_\_\_\_

**RELATIONSHIP TO CHILD:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**PHONE #:** Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**OTHER INFORMATION ABOUT CHILD**

**ALLERGIES OR OTHER MEDICAL CONDITIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DIETARY RESTRICTIONS (VEGETARIAN, ETC.):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HOME CHURCH:** \_\_\_\_\_