

GALACTIC BLAST VBS **Registration Form**

Child's Name _____

Parent/Guardian Name _____

Address _____

E-mail Address _____

Phone Numbers Home _____ Cell _____ Work _____

Age Information Date of birth _____

Age _____ Last school grade completed _____

Home Church _____

Allergies/Medical Information/Other _____

Emergency Contacts

Name _____ Phone _____

Name _____ Phone _____

Dismissal Information

Name(s) of person(s) who may pick up this child from VBS _____

Other Information (church use only)

Cadet Group _____

Are parents helping with GALACTIC BLAST VBS? _____

If yes, where? _____