

VBS Registration

Name: _____

Address: _____

Parents: _____

Phone NO: _____

Preschool Age: _____ Last Grade Completed _____

Allergies: _____

Who can pick up your child _____

VBS Registration

Name: _____

Address: _____

Parents: _____

Phone NO: _____

Preschool Age: _____ Last Grade Completed _____

Allergies: _____

Who can pick up your child _____