

## VBS Sign-Up

Name of Child(ren): \_\_\_\_\_

Children (Ages): \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_

\_\_\_\_\_

Food or other allergies: \_\_\_\_\_

\_\_\_\_\_

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