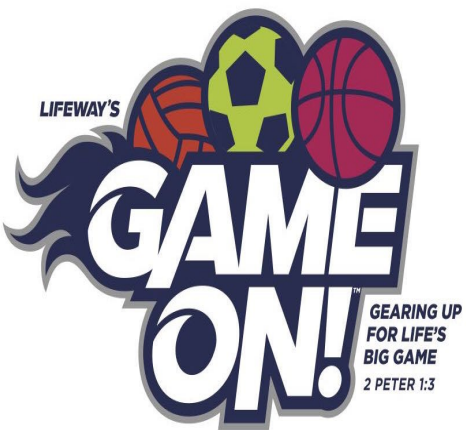


Please complete one form for each child



Name _____
Grade Entering _____ Date of Birth _____
Parents/Guardians _____
Mailing address _____
Email _____
Best Contact Phone # _____
Alt # _____

Do you have a church home? Yes Or No

Who will bring your child VBS? _____

Are there any allergies or special considerations we need to know about? _____

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