

Join Us For



VBS this Summer!

**Monday, July 27<sup>th</sup> - Thursday, July 30<sup>th</sup>**

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# Register me for Ocean Commotion!

Child's name \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade completed \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parents/Guardian \_\_\_\_\_

Cell phone #1 \_\_\_\_\_ Cell phone #2 \_\_\_\_\_ Email \_\_\_\_\_

Emergency contact \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

May we use photos of your child: Y\_\_\_ N\_\_\_

Food allergies Y\_\_\_ N\_\_\_ List \_\_\_\_\_

Medical concerns Y\_\_\_ N\_\_\_ Explain \_\_\_\_\_

Other information we may need to know:

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

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