



2017 Mission Monticello VBS Registration

Child's Name: _____

Grade Completed: _____ Age: _____ Birthday: _____

Parent's Name: _____

Address: _____

Phone (Home): _____ Alternate: _____

Emergency Contact Person: _____ Relationship to Child: _____

Emergency Contact Person's Phone Number: _____

Food Allergies: () Yes () No — If "Yes," please explain: _____

Medical Concerns: () Yes () No — If "Yes," please explain: _____

Church Affiliation: _____

Siblings who will be attending VBS: _____

Permission granted to photograph/video and release images: () Yes () No

Person(s) who may pick up the child:

_____ Phone: _____

_____ Phone: _____

Parent's signature: _____ Date: _____