



VBS REGISTRATION FORM (\$10 a child will be charged at time of registration by cash or Venmo to Nicole Gavina)

Parent/s Name: _____

Child(ren) Name:

Address: _____

Phone Number : _____ Email: _____

Child(ren) Birthday: _____ Child(ren) Grade: _____

Allergies: _____

Emergency Contact (other than parent): _____

Insurance Information (optional):

Parent/guardian Insurance Group
Name: _____ Phone: _____

Group number: _____ ID#: _____

Authorized Adults Allowed to pick up child/ren listed is/are:

PLEASE INITIAL HERE IF:

_____ I give permission for my child/ren to have their photo taken.

_____ If no Allergy concerns are present and if a snack is given, I give permission for my child/ren to eat at VBS.

_____ I give permission for my child/ren to have their photo placed on Social Media/website.

In case of Medical Emergency, after every attempt to reach all contacts has been exhausted, I give permission to the staff to secure the services of a licensed physician to provide the care necessary.

Signature of parent/guardian: _____ Date: _____