



## Registration

Child's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

I am willing to help with VBS yes \_\_\_\_\_ no \_\_\_\_\_

Telephone \_\_\_\_\_

(home)

(work)

\_\_\_\_\_ (in case of emergency)

\_\_\_\_\_ (telephone)

Date of Birth \_\_\_\_\_

Grade just completed \_\_\_\_\_

Doctor \_\_\_\_\_

(telephone)

Allergies or medical conditions we should know about \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Preferred Hospital in an Emergency \_\_\_\_\_