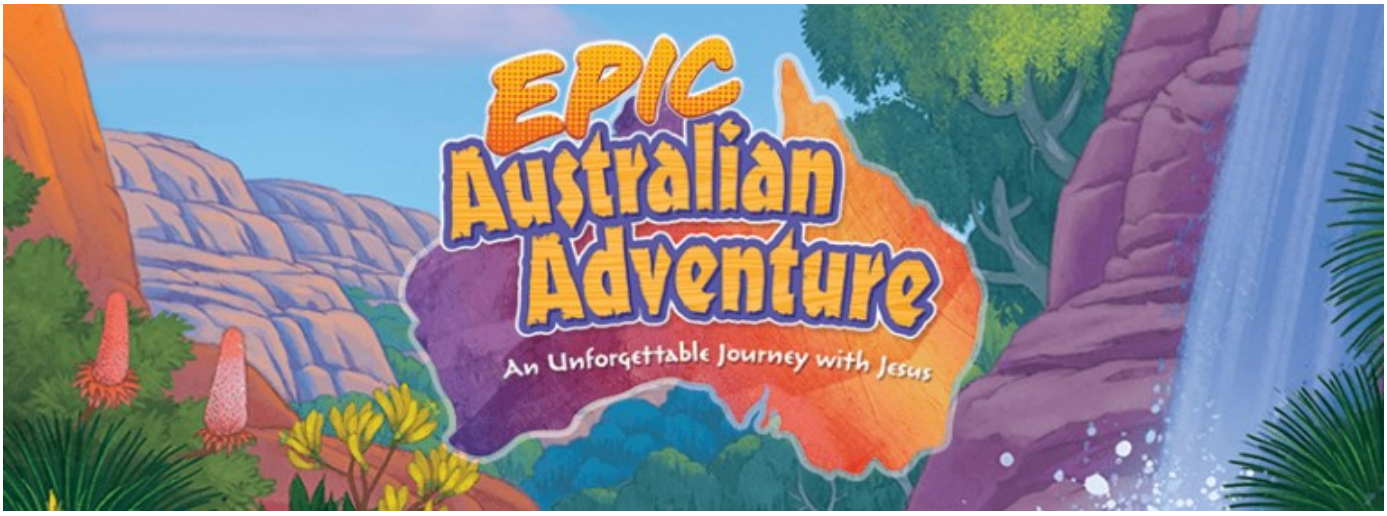

July 16-18, 2025
6:00-8:45 pm

Name _____

Address _____

Child's Age _____ Birth Date _____Grade _____

Parent/Guardian Name(s) _____

Phone #_____ Alternate Phone #_____

EMERGENCY INFORMATION

Emergency Contact 1 Phone _____

Emergency Contact 2 Phone _____

Allergies or Special Needs _____

DISMISSAL

Who may pick up your child at the end of VBS?

_____

Parent/Guardian Signature

_____ Date _____