Day 1 ❑
Day 2 ❑
Day 3 ❑

VBB at VANGUARD CHURCH
REGISTRATION FORM

FAMILY INFORMATION

Parents' Names _____
Street Address _____
City _____ State _____ Zip _____
Cell Phone _____ Email _____
Other Emergency Contact Info _____
Anyone else authorized to pick-up your child
_____

CHILDRENS' INFORMATION

Child's First and Last Name _____
School Grade in the Fall ○ Kindergarten ○ 1st Grade ○ 2nd Grade
○ 3rd Grade ○ 4th Grade ○ 5th Grade
Age ____ Allergies/Conditions _____
Friend Request _____

Child's First and Last Name _____
School Grade in the Fall ○ Kindergarten ○ 1st Grade ○ 2nd Grade
○ 3rd Grade ○ 4th Grade ○ 5th Grade
Age ____ Allergies/Conditions _____
Friend Request _____

Child's First and Last Name _____
School Grade in the Fall ○ Kindergarten ○ 1st Grade ○ 2nd Grade
○ 3rd Grade ○ 4th Grade ○ 5th Grade
Age ____ Allergies/Conditions _____
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Child's First and Last Name _____
School Grade in the Fall ○ Kindergarten ○ 1st Grade ○ 2nd Grade
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