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Register me for Operation Arctic Commotion VBS 2017!

Child's name

_____

Gender: Male Female Birthdate _____/_____/_____ Grade completed_____

Address _____ City _____
State_____ Zip _____

Parents/Guardian_____

Home phone_____

Work phone_____ Cell phone_____

Email_____

Emergency contact

_____

Relationship to child _____ Phone_____

Please list individuals who only have permission to pick up your child

_____

Name of home church

_____

Food allergies Y___ N___
List_____

Medical concerns Y___ N___
Explain_____