

VBS at TSC / July 17-20

PARENT/GUARDIAN INFORMATION

First Name: _____

Last Name: _____

E-mail address: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact Phone 1 : (_____) _____ **Contact Phone 2 :(**_____) _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Alternate Pickup Name(s):

Church you regularly attend

CHILDREN ATTENDING VBS INFORMATION

Preschool VBS

for children who turned 4 by June 30th and potty trained through going into Kindergarten in the fall 2023

Children VBS

for children going to 1st grade through going into 5th grade in fall 2023 (6th grade is AT NIGHT only!)

Circle One: Day (4yrs-5th grade/Starts at 9am) Night (4yrs-6th grade/Starts at 6:30pm)

Child 1 **Circle One:** **PRESCHOOL** **CHILDREN**

Name: _____ **Grade:** _____ **M/F:** _____ **Age:** _____ **DOB:** _____

Allergies: _____

Medical Concerns: _____

Does your child need assistance? If so, explain:

One Friend I'd like to be with: _____

Child 2: **Circle One:** **PRESCHOOL** **CHILDREN**

Name: _____ **Grade:** _____ **M/F:** _____ **Age:** _____ **DOB:** _____

Allergies: _____

Medical Concerns: _____

Does your child need assistance? If so, explain:

One Friend I'd like to be with: _____

(additional children on reverse side)

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Child 3: **Circle One:** **PRESCHOOL** **CHILDREN**

Name: _____ **Grade:** _____ **M/F:** _____ **Age:** _____ **DOB:** _____

Allergies: _____

Medical Concerns: _____

Does your child need assistance? If so, explain:

One Friend I'd like to be with: _____

Child 4: **Circle One:** **PRESCHOOL** **CHILDREN**

Name: _____ **Grade:** _____ **M/F:** _____ **Age:** _____ **DOB:** _____

Allergies: _____

Medical Concerns: _____

Does your child need assistance? If so, explain:

One Friend I'd like to be with: _____

Child 5: **Circle One:** **PRESCHOOL** **CHILDREN**

Name: _____ **Grade:** _____ **M/F:** _____ **Age:** _____ **DOB:** _____

Allergies: _____

Medical Concerns: _____

Does your child need assistance? If so, explain:

One Friend I'd like to be with: _____

Additional information we need to know: