

# REGISTRATION FORM FOR VBS: Gilly Jo's Island Adventures

Child's name \_\_\_\_\_

Gender: Male      Female

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade completed (K5-6<sup>th</sup>) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Parents/Guardians \_\_\_\_\_

Home Number \_\_\_\_\_

Cell \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Emergency contact \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phone \_\_\_\_\_

Name of home church \_\_\_\_\_

Any allergies Y \_\_\_ N \_\_\_

List \_\_\_\_\_

Medical concerns Y \_\_\_ N \_\_\_

Explain \_\_\_\_\_

