



CLCC VBS REGISTRATION – JUNE SUNDAY’S 9:45AM-NOON

PARENT GATHERING ROOM OPEN

Would Parent like to volunteer? Y or N

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Circle Dates Child will be attending: June 3 June 10 June 17 June 24

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_

Where can parents be reached during VBS? \_\_\_\_\_

Person authorized to pick up child \_\_\_\_\_

Special Information about child \_\_\_\_\_

Allergies: \_\_\_\_\_