PROOF PIRATES VBS REGISTRATION

Parent/Guardian's Name (Last, First) _____

Please list all adults permitted to pick up children:

_____

Contact Phone _____

E-mail _____

Street Address _____

City, State, Zip Code _____

Names, Birthdates, and Ages of Children
   (Select the grade your child most recently completed then write their name and birthdate.)

	NAME	BIRTHDATE (M/D/YYYY)
☐ Preschool		
☐ Kindergarten		
☐ Grade 1		
☐ Grade 2		
☐ Grade 3		
☐ Grade 4		
☐ Grade 5		

List any allergies _____

Emergency Contact Name _____

Emergency Contact Phone _____

Are we permitted to take pictures of your child? ☐ Yes   ☐ No