"LIFT OFF" - VBS Registration Form Aug. 7-9 9-Noon

Children 4 years old through 6th grade Children 4 years old must be accompanied by a parent or caregiver Cost: \$10/child or \$25/family with 3 or more children registering.

Please consider volunteering to help, it's fun and the children love having their parents there. I am willing to help (please circle) 8/7 8/8 8/9 Parent/Guardian Name: Phone #s Address: Emergency Contact #:_____ 1. Child's Name: Age: Allergies/Other information* Please put my child in the same group as_____ 2. Child's Name: _____ Age: _____ Allergies/Other information*_____ Please put my child in the same group as_____ 3. Child's Name: Age: Allergies/Other information* Please put my child in the same group as_____ * Groups are mixed age. You can ask that your children be together or that they be in the same group with other children of their choice. We'll do our best to accommodate!

Office Use Only: Fee Paid \$____ Cash ____ Check #___

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Parent/Guardian Name:	
Phone #s	
Address:	
Emergency Contact #:	
1. Child's Name:	Age:
Allergies/Other information*	
Please put my child in the same group as	
2. Child's Name:	Age:
Allergies/Other information*	
Please put my child in the same group as	
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